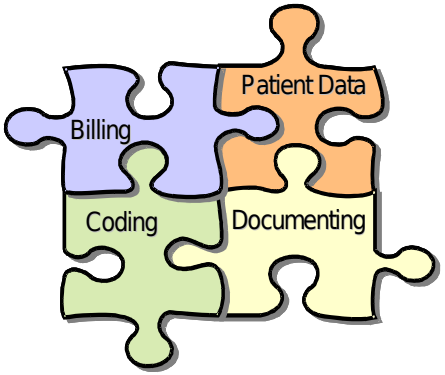
CORE COMPETENCIES

2005 UBU/UBO Conference MSA Workshop (Track 7)



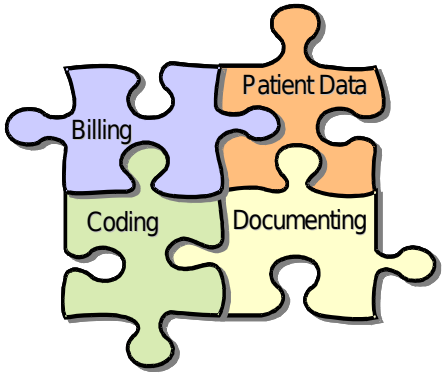
Wednesday - May 18

Contents:

1. Understanding Receivables - Finance Perspective (Busanet , Charlene)
2. Medical Affirmative Claims (MAC) – Enhancement (Yoder, Lt C ol Jeanne)
3. Navy Debt Management (Ventura, Ellen)
4. Tips to Aid in Establishing your UBO Training Program (Ballard ,Clenton)
5. MSA Tools to Make Your Job Easier (Ballard, Clenton)
6. Air Force Debt Management (Holden, TSgt Tameka)
7. Affirmative Claims (Winand, Daniel)
8. Open Discussion on MSA – No Presentation Slides Prepared

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES



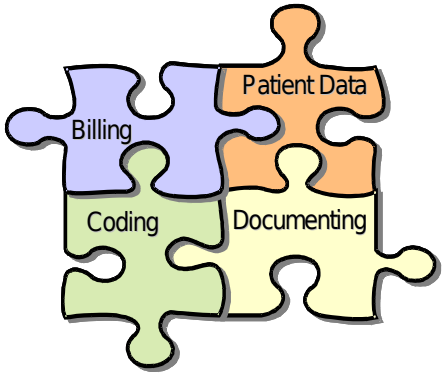
Understanding Receivables- Finance Perspective

Charlene Busanet
HQ USA Medical Command
2005 UBU/UBO Conference
May 16-20, 2005

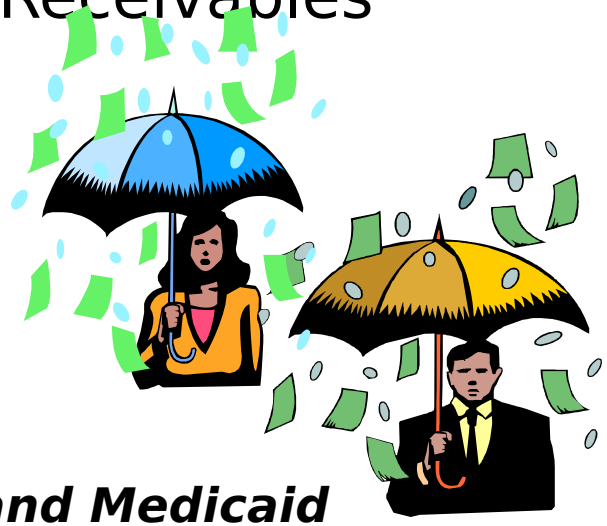
Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Understanding Receivables- Finance Perspective



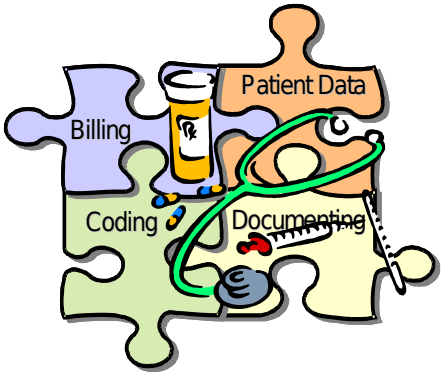
- Appropriation
  - ***Purpose Statute***
  - ***Miscellaneous Receipt Statue***
- UBO Departments/Generate Receivables
  - ***TPC/MAC***
  - ***Medical Service Accounts***
- MSA Receivables:
  - ***SR/FMR***
  - ***Federal Receivables***
  - ***Civilian Emergencies***
  - ***Difference between Medicare and Medicaid***
- Questions?



CORE COMPETENCIES

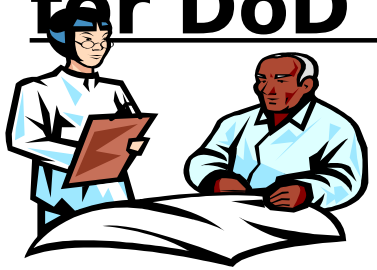
Purpose Statue

(Title 31 U.S.C 1301(a))



- **<u>Purpose Statue</u>** Appropriations shall be applied only to the objects for which the appropriations were made except as otherwise provided by law.

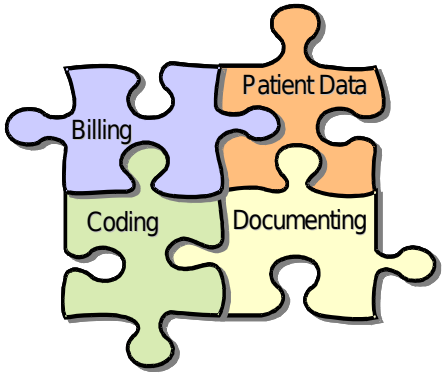
- **<u>DHP Appropriations are for health care for DoD beneficiaries.</u>**



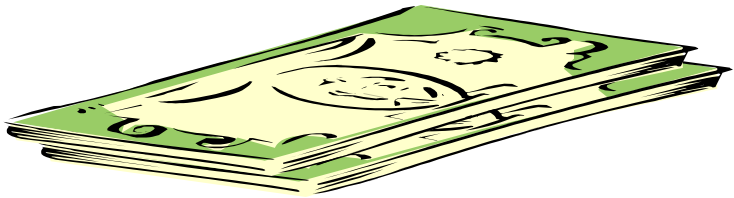
CORE COMPETENCIES

Miscellaneous Receipts Statue

(31 U.S.C 3302(b))

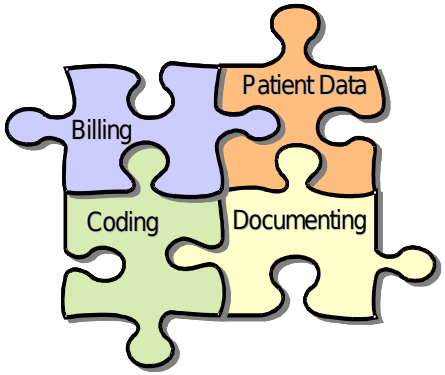


- **<u>Miscellaneous Receipts Statue</u>** (31 U.S.C 3302(b)) Except as… (otherwise provide)… an official or agent of the government from any source shall deposit the money in the Treasury as soon as practical without any deduction for any charge or claim.
  - *This allows Congress to control the use of the appropriation*

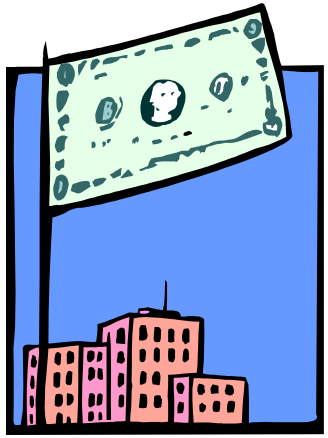


CORE COMPETENCIES

Appropriation shall be applied only to the objects for which the appropriation were made except as otherwise provided by law.
(Purpose Statue: U.S.C. 1301(a))

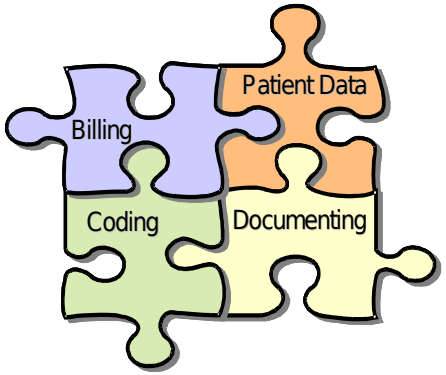


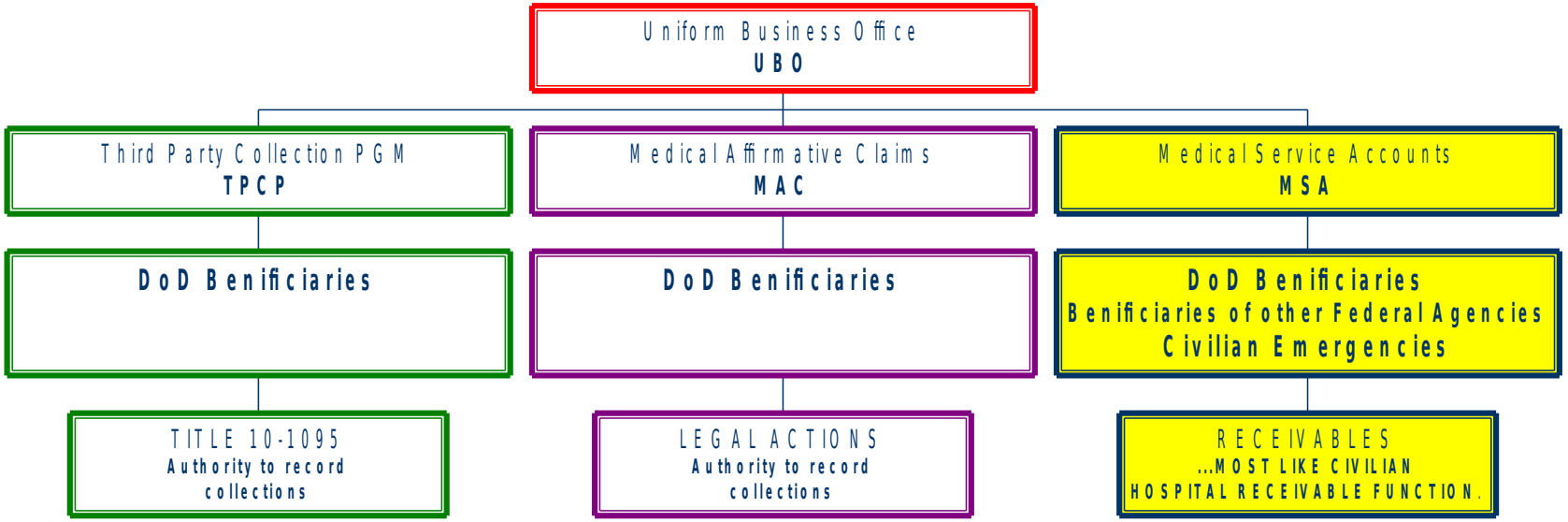
- Defense Health Care Appropriation is a one year appropriation.
  - **CY Appropriations:**
    - *Available for obligation for 1yr*
    - *Obligation Rule: "Bona Fide Need"*
  - **EXPIRED Appropriation:**
    - *No new obligations*
    - *Available to adjust and liquidate previous obligations for additional five years.*
  - **CLOSED Appropriation:**
    - *NO longer available for any purpose*



CORE COMPETENCIES

Uniform Business Office

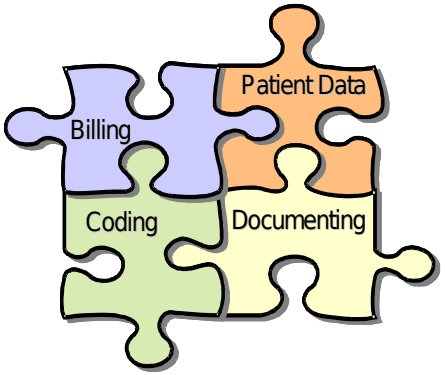




Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

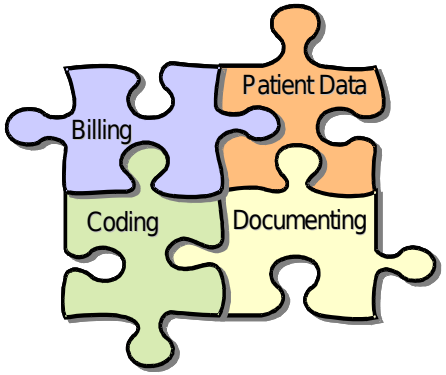
Third Party Collection Program (TPCP) Medical Affirmative Claims (MSA)



- Based on Laws and Regulatory Guidance all collections are earned in the accounting records when collected
  - No incentive to collect
  - Not usable unless the funds are deposited into the CY
  - MAC collections depends on a legal action/settlement
- If funds need to be refunded for TPC or MAC must:
  - Refund from the year the collection was earned
  - Except for Closed year appropriation-must refund from CY

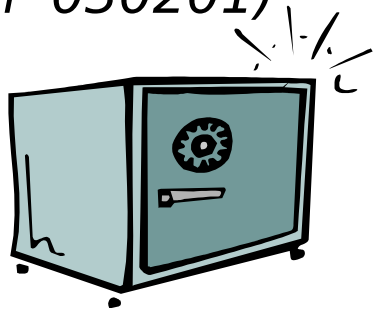
CORE COMPETENCIES

Medical Service Accounts



- Account Receivable- "*Receivables arise from claims to cash or other assets against another entity. Receivables include but not limited to, monies due for indebtedness.*"

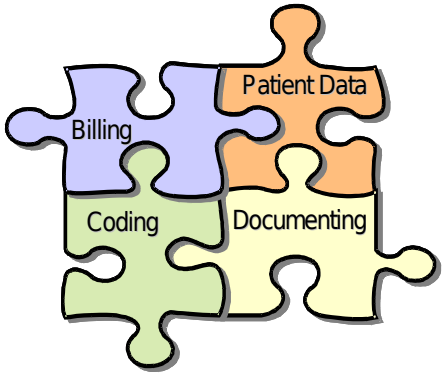
(DOD FMR, Volume 4, Chapter 3, paragraph 030201)



Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Medical Service Accounts

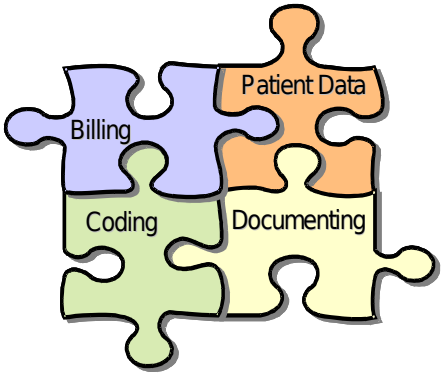


- SR/FMR
- Federal Receivables
- Civilian Emergencies
  - ***When do we recognize the receivable in the official accounting records?***

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

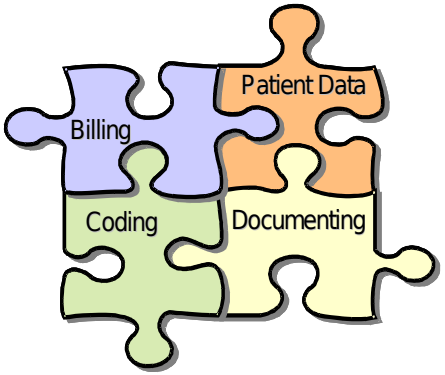
SR/FMR



- SR- (Subsistence Rate) -charges for DoD Service Members and Retired Officers are no longer billable based on new laws and regulations.
- FMR-(Family Members(FMBR)) -charges for AD TRICARE Prime beneficiaries are not billable except for miscellaneous elective surgery
  - SR/FMR-Charges due upon disposition
  - Elective Surgery-Charges due prior to medical service
  - I&R-30 day notice of debt-meets requirement to notify debtor
  - No payment in 30 day, account eligible for transfer

CORE COMPETENCIES

SR/FMR



- Sponsor AD-forward DD 139 (Administrative Payroll Deduction) to Defense Military Pay Office (DMPO)
- Sponsor Retired-forward DD 139 to:

  DFAS-U.S. Military Retirement Pay

  P.O.Box 7130

  London, KY 40742

  - Required by DFAS-CL-Retired Pay: Type on DD 139 with the following statement:

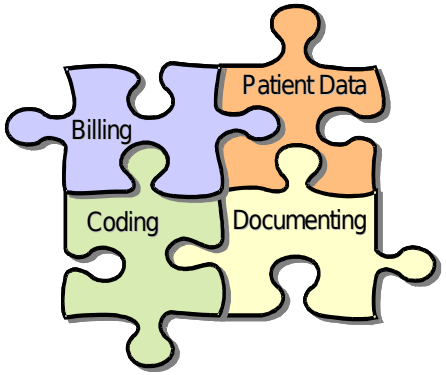
    "PLEASE CODE THESE VOUCHERS AS PAA"

  - **(ARMY Activities-Reference: DD 139 SOP dtd: Feb 05)**

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Federal Receivables

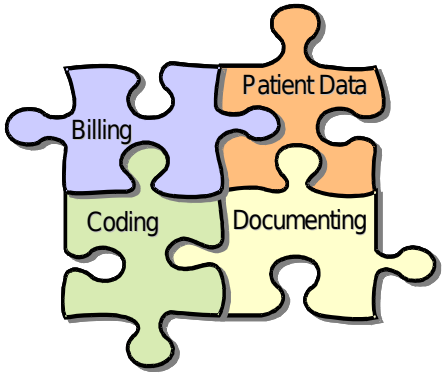


- DoD provides health care to beneficiaries of other Federal Agencies at Interagency Rates *(IAR/IOR-Rates reflect actual cost.)*
- "No allowance for uncollectable accounts shall be recorded for intergovernmental receivables" *(DoD FMR, Volume 4, Chapter 3, para 030304(b))*
- Intergovernmental Debt cannot be transferred to a debt collection activity *(DFAS-Denver)* *(DoD FMR, Volume 4,Chapter 3, para 030907(A)(1))*
- SF 1080 Billing *("Voucher for Transfer Between Appropriation and/or Funds")* – used to bill other Federal Agencies unless other required billing forms *(MEDICARE requires UB92/HCFA 1500 fm)*
- CHCS document output is a DD7/7A: Does not post on MSA SALES Report (1860-R) because CHCS designed for centralized billing

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

Federal Receivables



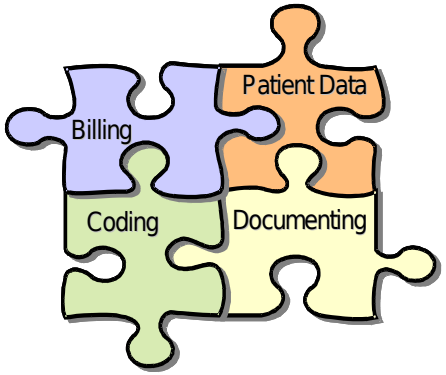
- Federal Agency beneficiaries with OHI/TPC
- CG/NOAA/PHS
  - Bill the Beneficiary's OHI - TPC
  - Balance bill the Agency up to the IAR - MSA
  - If collected more than IAR from OHI, do not bill the agency

- ***"Accounting Nightmare"***
  - TPC – Earned in accounting records when collected
  - MSA- Earned in accounting record when service is performed (SALE)

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

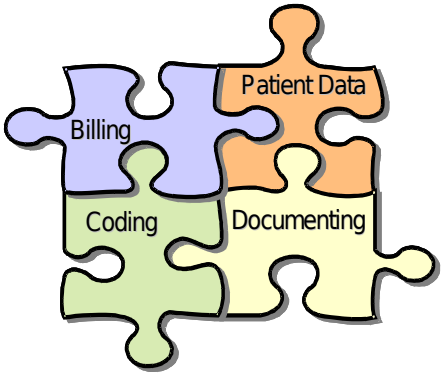
Civilian Emergencies



- In the absence of a Statute or Law, all Non DoD Beneficiaries are Billed at FRR/FOR
- Collect w/in 90 days or transfer account according to 'debt mgt' procedures
  - Must complete "Due Process"
  - Non-Defense Civilian Pay System Debts *(Federal Civilian debts originating outside of DCPS* (CHCS) *that are collected through DCPS)* (*DD Form 2481 ("Request for Recovery of Debt Due the U.S. by Salary Offset"))*

CORE COMPETENCIES

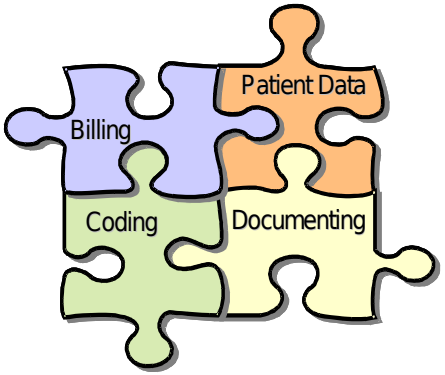
Civilian Emergencies



- Establish Payment Plan:
  - Minimal $50.00/Not to exceed 36 months
    - *(DoD FMR, Volume 5, Chapter 28, para 280503(B), "Installment, Timing and Amount")*
  - Debtor must sign a legally enforceable repayment agreement document
    - *(DoD FMR, Volume 5, Chapter 28, para 280503(C), "Installment Payment Agreement")*

CORE COMPETENCIES

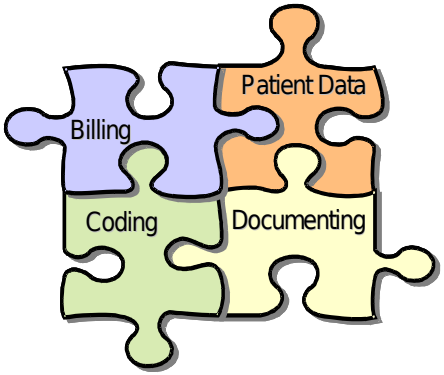
Civilian Emergencies



- MSA Receivables can be held up to 6 months before posting to accounting records. *(DoD FMR, Volume 4, Chapter 3, para 030803 (D), "Management of Collection Actions")*
  - *Allows time to collect account*
  - *Not aged in the official accounting records*
  - *Avoids DFAS accumulating penalties for aged accounts receivable*
  - *Recognize that most paid medical bills will be paid by insurance companies*

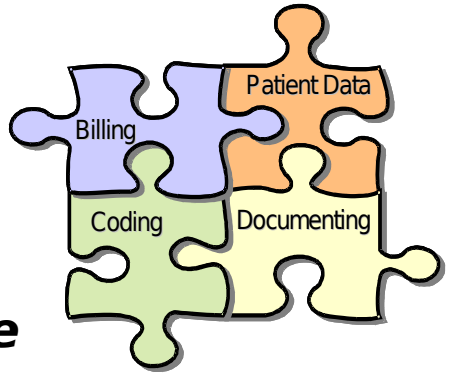
CORE COMPETENCIES

Understanding the difference between *MEDICARE and MEDICAID*



- Both Agencies are part of the Department of Health and Human Services *(CMS-Center for Medicare/Medicaid Svc)*
- Combined PAT CAT K92(c) and billed at IAR/IOR
- ***MEDICARE***
  - **Administered by Federal Agency**
  - **NO allowance for uncollectable debt**
  - **Can not be transferred to DFAS-DE**
  - **Uncollectable Patient Share converted to Individual debt**
- ***MEDICAID***
  - **Administered by each individual State**
  - **Allowance for uncollectable debt must be established**
  - **DFAS-Denver allows Command to close the receivable**

CORE COMPETENCIES



Conclusion

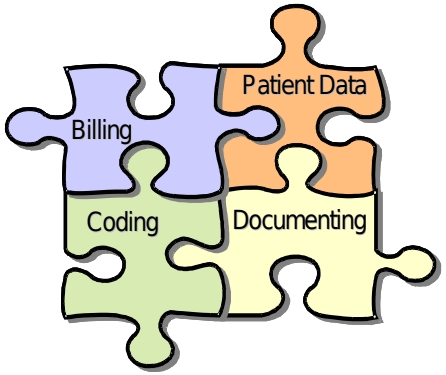
Understanding Receivables-Finance Perspective

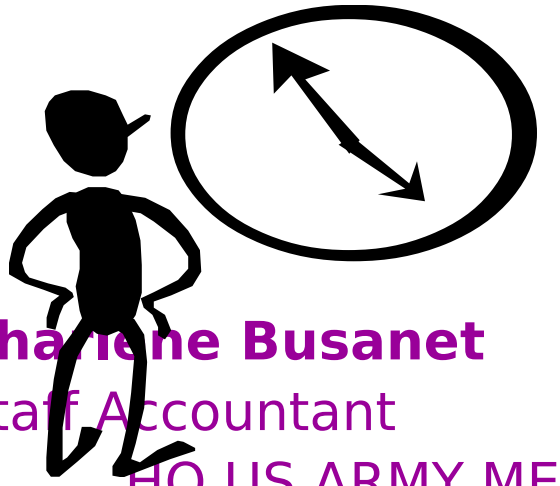
- Appropriation
  - ***Purpose***
  - ***Yrs of availability***
- UBO Departments
  - ***TPC/MAC/MSA***
- Medical Service Accounts
  - ***Various MSA Receivables***
  - ***Difference between Medicare and Medicaid***

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Questions????????





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Charlene.Busanet@amedd.army.mil

Unified Biostatistical
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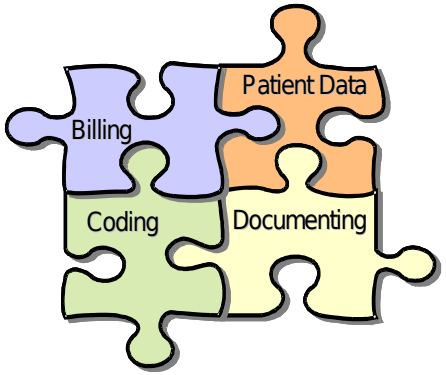
CORE COMPETENCIES



Medical Affirmative Claims (MAC) - Enhancement

Lt Col Jeanne Yoder

2005 UBU/UBO Conference

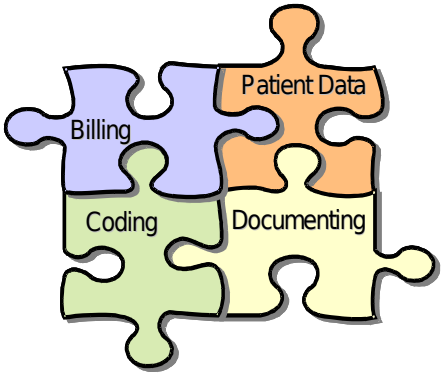
Wednesday, 18 May 2005

Track 3

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

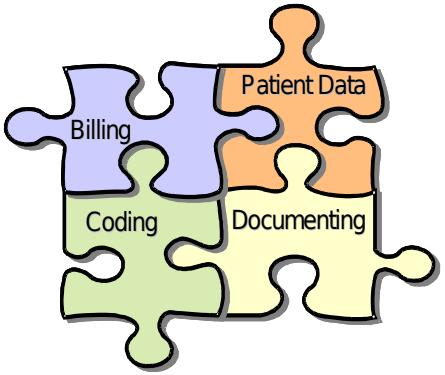
Objectives



- Understand current major problems with the Medical Affirmative Claim (MAC) program
- Know what is available in the enhanced MAC module
- Know how to use the enhanced MAC module
- Understand what the diagnoses mean

CORE COMPETENCIES

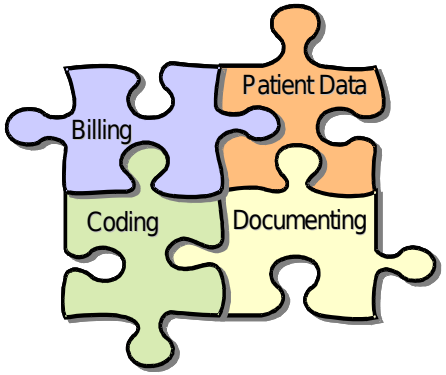
Current Problems



- Identification of MAC potential cases
  - Obtaining compliance with Injury Log completion
- Closing and forwarding MAC cases to legal
- Ensuring ALL applicable services are included in the package to legal

CORE COMPETENCIES

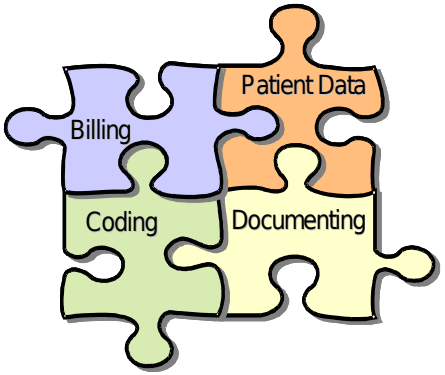
Systems Change Request



- ...to make the ADM encounter data available for MAC reporting to optimize collections for the recovery of costs to the federal government for services provided for injuries sustained by patients for which a third party is responsible

CORE COMPETENCIES

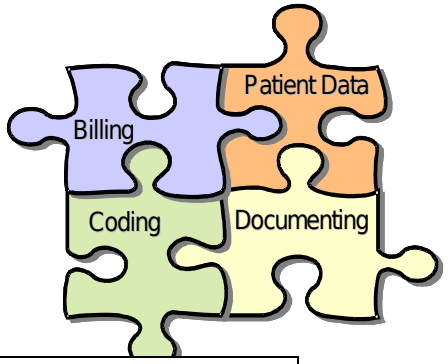
Flags to Find Possible MAC Services



- When the appointment is made, the query “Is this appointment related to an Injury/Accident? N//” will appear
  - Flag defaults to “No”
  - “Yes” will change the “Injury/Accident Related” flag
- Question appears when using:
  - Unscheduled Visit (USV)
  - Health Care Finder Booking
  - Individual Patient Check-in
  - End of Day (EOD)

CORE COMPETENCIES

Collection by Appointment Clerk/ Intake Technician



Enter/Edit Injury/Accident Information

Patient: NAME,PATIENT APPT DATE/TIME: 01 DEC 2004@0900

Is this related to an Injury or Accident? : Yes

Date of accident: 26 Oct 2004 **(this is a mandatory field if "yes" is answer)**

Injury cause code #1: Employment **(optional)**

Injury cause code #2: AutoAccident

Injury cause code #3:

Geographic Location: NY **(mandatory if automobile accident, need for billing; defaults to location of MTF but can be modified)**

Place of Employment: Atlantic Oil Co. 703-681-3492 **(54 character free text field)**

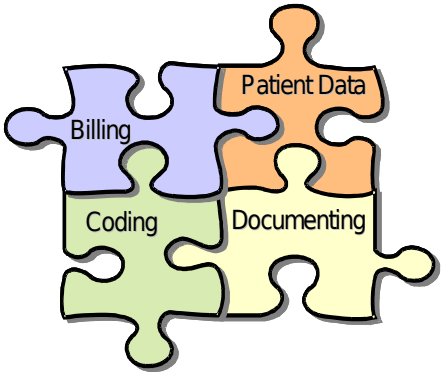
Place of Injury/Accident: WORK PLACE, BACK DOCK OF LOAD BAY #5 703-681-3492 **(mandatory, 54 character free text field)**

Select (F)ile or (E)dit :F//

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

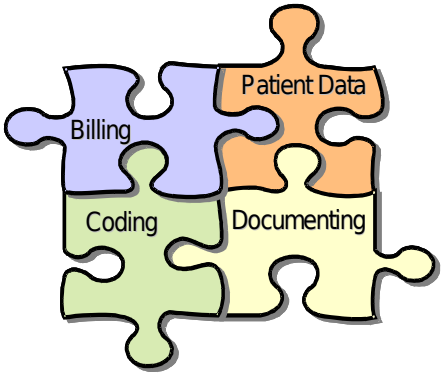
"Yes" to Injury Query



- Injury Cause Code (optional)
  - AA – Auto Accident, then the Geographic Location prompt will default to the division's geographic location, but will be editable by the user
  - AP – Another Party Responsible
  - EM – Employment, then free text for place of employment
  - OA – Other Accident

CORE COMPETENCIES

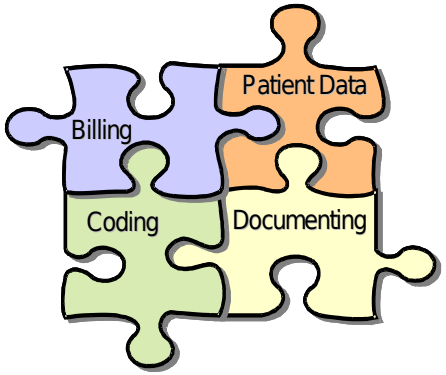
Your Homework – Conduct In-Service



- When this program update is fielded
  - Do in-service for appointment clerks
    - Stress how important it is to know about accidents
      - Dr Chu identified preventing accidents as a priority
      - AF wants to know who is injured during PT training
      - MAC needs to know about injuries for potential billing

CORE COMPETENCIES

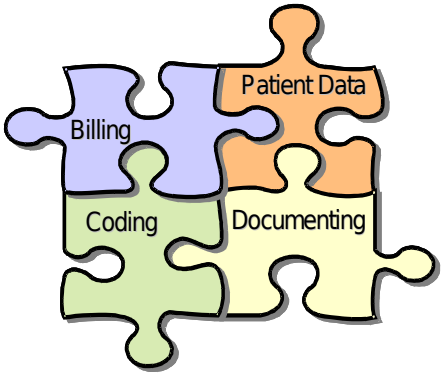
Your Homework – Conduct In-Service



- Give hints on what you need
  - OTHER entity responsible for the injury!!
    - Who was it? Name? Address or telephone?
  - If nobody else was responsible
  - If deployed when it happened, what country? OIF, OEF?
  - If at work, are they a contractor to the federal government or civil service

CORE COMPETENCIES

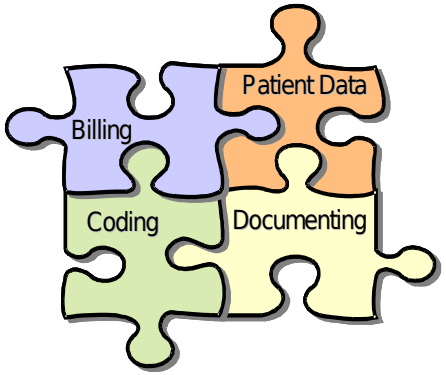
Your Homework – Conduct In-Service



- Give hints on what you need
  - Was care provided earlier at another MTF? MTF and doctor's name? Other civilian facility? Facility and doctor's name?
    - "Treated previously at BAMC ER"
  - If motor vehicle accident, was the patient the driver or passenger
  - Current home and work telephone numbers (if number is not the same as DEERS, either go to DEERS web site and fix, or enter in a free text field)

CORE COMPETENCIES

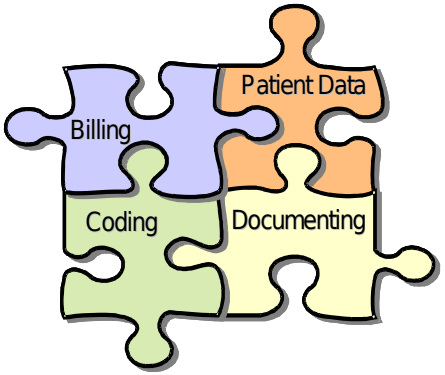
Your Homework – Conduct In-Service



- Free text fields and “Yes / No” are NOT part of the medical record
- Even if the patient changes his story when he sees the doctor, the “Injury/Accident” field can be changed in the ADM
  - Fields can be modified by the in-take technician and the provider
  - Once ADM is completed, injury/accident data for that encounter can’t be changed

CORE COMPETENCIES

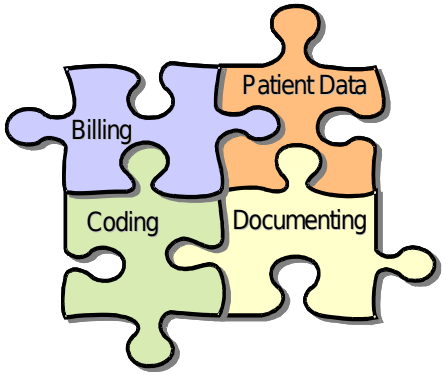
Your Homework – Conduct In-Service



- Explain PATCATs and make sure each appointment has appropriate PATCAT
  - Family member on reserve duty
  - Family member or retiree also DoD School teacher
  - Retiree in for Occupational Health
  - Navy versus Coast Guard

CORE COMPETENCIES

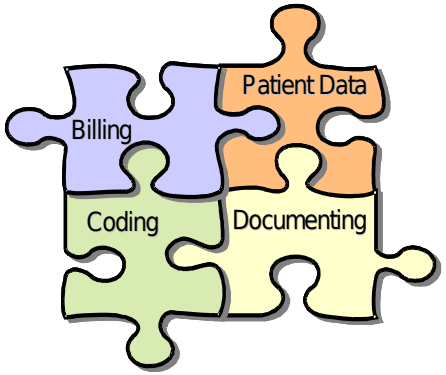
Your Homework – Conduct In-Service



- Let appointment clerks know that when the patient is booked for a f/u or scheduled appointment, computer will look back 6 months
- "Is this appointment related to a PREVIOUS Injury/Accident? Y//"
  - Will display data from last appointment so it only needs to be accepted, or can be updated (for this appointment only)

CORE COMPETENCIES

New ADM Coding Screen

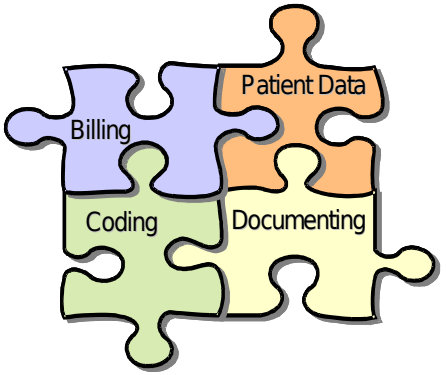


- ADM Patient Encounter
- PATIENT,ATTENDING 20/000-00-0001 AGE:24y
- ---
- Appt Date/Time : 26 Oct 2004@1330 Type: ACU Status: KEPT
- Clinic: Primary Care Clinic MEPRS: BHAA **Injury/Accident Related: Yes**
- In/Outpatient: Outpatient APV: Yes Pregnancy Related: No
- Appt Provider: DOCTOR,ATTENDING
- Appt HCP Role: Attending
- Additional HCP: No
- Disposition:
- ==========
- ICD-9 Dx Description Priority
- ---
-
-
-
- ---
- Chief Complaint:

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

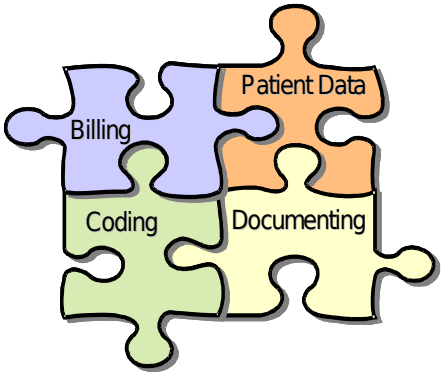
Arrow up, select “Edit”



- ADM Patient Encounter – Injury/Accident Related Data
- PATIENT,INJURED 30/208-60-9027 AGE:37y
- ---
- Appt Date/Time : 27 Oct 2004@1330 Type: ACUT Status: KEPT
- Clinic : PRIMARY CARE CLINIC - FO MEPRS : BGAA
- ==========
- Date of accident: 26 Oct 2004
- Injury cause code #1: **Employment**
- Injury cause code #2: **Auto Accident**
- Injury cause code #3:
- Geographic Location: **NY**
- Place of Employment: Atlantic Oil Co. 703-681-3492 **(This field is 54 characters, free text)**
- Place of Injury/Accident: **(Required entry, free text, 54 characters maximum)**
-
- Valid Injury ICD9 codes are: E800-E999
-
- Geographic Location is collected for all accidents/injuries.

CORE COMPETENCIES

New Requirements - Coding

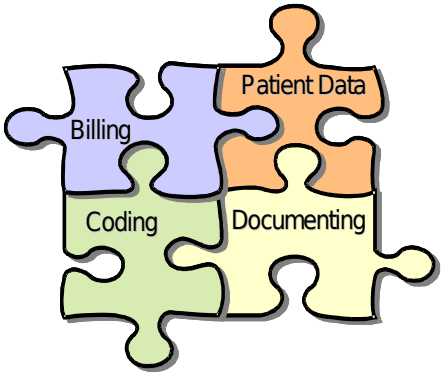


- Modifies the requirement introduced to support the HIPAA 837 Claims Processing project requiring the entry of Injury related data when ICD-9 external causes of injury and poisoning (E800 through E999) are entered in the ADM encounter.
  - Not necessary to have ICD-9 in the 800-999 series
  - Could be a follow-up from downtown ER, so the correct ICD-9 could be a V54.x
  - Could be something like 724.2 lumbago
  - Could be asthma for E869.4 Accidental poisoning by second-hand tobacco smoke (in injury free-text area collect if parent, care giver, etc.)

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

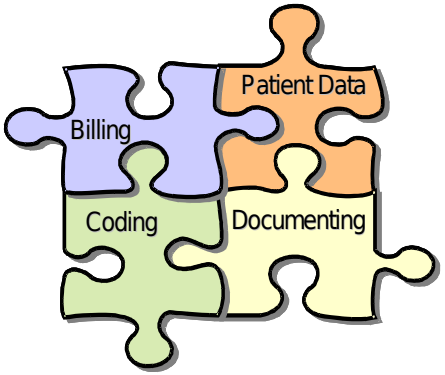
New Requirement - Coding



- HIPAA 837 requirement:
  If “No” is entered in the “Injury Related” field, but ICD-9 codes are entered in the range of E800 to E999.99, the “Injury Related” field will automatically change to “Yes” and the system will prompt the user to fill in the Injury Related information before filing the encounter screen.
  - This business rule implied that if you entered “Yes” in the ‘Injury Related’ field that at least one ICD-9 code must be in the range E800 to E999.99 [deleted].
    - This could be a follow-up at same MTF. As the E-code is ONLY used for the first encounter, you could have “injury related” with a “yes” but would NOT have a E-code.
  - CHCS shall allow the entry of MAC Injury related data in the ADM encounter for any ICD-9-CM code(s) with or without the entry of the External Causes code(s) (E-codes).

CORE COMPETENCIES

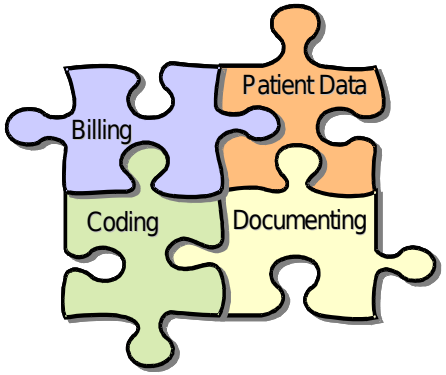
Coding Requirement



- There is a requirement to code inpatient professional services in an “A” MEPRS account.
- Code injuries in the inpatient professional services encounter just like the outpatient professional services encounter.

CORE COMPETENCIES

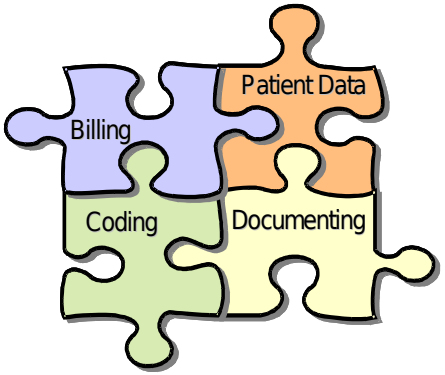
Old Coding Requirement



- E-coding
  - If this is the FIRST encounter at this MTF for this injury, code up to three applicable E-codes.
  - E-codes are not primary codes so they will be in the 2nd, 3rd or 4th code position.

CORE COMPETENCIES

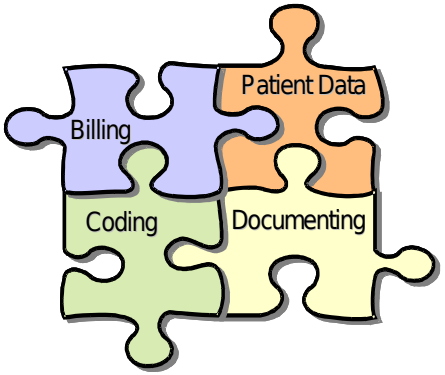
Injury Log Requirement



- The requirement is still there
  - But, it is next to impossible to get staff to fill it out.
  - The new reports will help you identify potential MAC patients.
    - If the E-codes are used, and the "Injury/Accident" flag is used, you will have an idea of which patients to contact to obtain information to fill out injury log.

CORE COMPETENCIES

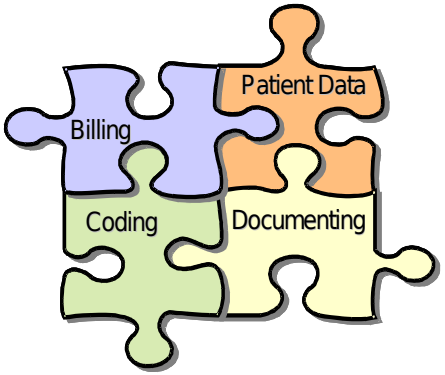
Reports Available to MAC Clerk



- Use reports to identify initial encounters for injuries.
  - Determine if possible MAC (someone else responsible who might have insurance, of if the individual had insurance that might cover this such as active duty member in a one-vehicle automobile accident and he has automobile insurance)
  - If possible MAC case, contact the patient for enough data to complete Injury Log which will be sent to Legal for determination

CORE COMPETENCIES

Report Fields Available to MAC Clerk



- Patient Name
- Patient SSN
- FMP & Sponsor SSN
- Sponsor Name
- Patient Date of Birth
- Patient Work Telephone Number
- Patient Home Telephone Number
- Date of Injury
- Cause Code(s) (Up to three cause codes per encounter visit)
- Place of Injury **(free text field)**
- Place of Employment **(if applicable, free text field)**
- Geographic Location (if applicable)
- MEPRS Code(s)/Clinic Description(s)
- Date of Service for each visit
- Provider Name
- Provider CHCS Specialty Code
- Provider HIPAA Provider Taxonomy code
- Provider CHAMPUS Maximum Allowable Charge (CMAC) class
- E&M Code(s) for each visit with applicable Modifier (up to three modifiers per E&M Code)
- ICD-9-CM Code(s) for each visit **(Only ICD-9-CM codes with a priority of 1, 2, 3 or 4)**
- CPT/HCPCS Code(s) for each visit with applicable Modifier (up to three modifiers per CPT/HCPCS Code)
- Diagnosis level indicators assigned to each CPT/HCPCS code(s)

Patient Name | Patient DOB | Patient SSN | Home Telephone | Work Telep
Squarepants,S-Bob | **17 DEC 1974** | **###-##-####** | **###-###-####** | **###-###**
FMP/SPONSOR SSN: **##/###-##-####** SPONSOR NAME: <PAGE BREAK ON NEW

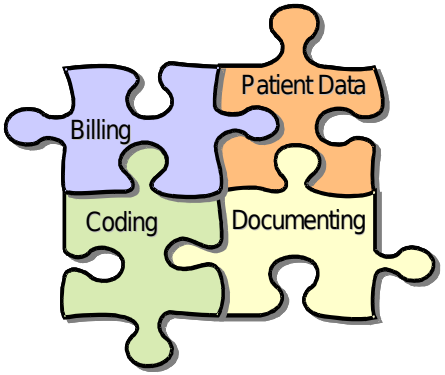
Date or Injury/Accident: **26 NOV 2004** Injury/Accident Cause Code(s): **OA/AA/EM** Geographic Location: **V**
Place of Injury/Accident: **Home accident with lawnmower**
Place of Employment: **First Company**
23 MAR 2004 MEPRS/CLINIC NAME PROVIDER: SPECIALTY CODE:
TAXONOMY CODE: CMAC:
DX 1: E800.00 DX 2: ####.## # DX 3: ####.## # DX 4: ####.## #
E&M 1:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
E&M 2:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
E&M 3:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###

Patient Name | Patient DOB | Patient SSN | Home Telephone | Work Telep
Name,Patient | 17 DEC 1974 | ###-##-#### | ###-###-#### | ###-###
FMP/SPONSOR SSN: ##/###-##-#### SPONSOR NAME:
25 MAR 2004 LABORATORY MEPRS/NAME HCPCS: ########
LABORATORY MEPRS/NAME HCPCS: ########
LABORATORY MEPRS/NAME HCPCS: ########
23 MAR 2004 RADIOLOGY MEPRS/NAME HCPCS: ########
23 MAR 2004 PHARMACY MEPRS/NAME NDC:########### QTY DISPENSED: #######.##
01 APR 2004 PHARMACY MEPRS/NAME NDC:########### QTY DISPENSED: ###
30 MAR 2004 MEPRS/CLINIC NAME PROVIDER: SPECIALTY CODE:
TAXONOMY CODE: CMAC:

DX 1: E800.00 DX 2: ####.## # DX 3: ####.## # DX 4: ####.## #
E&M 1:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###

CORE COMPETENCIES

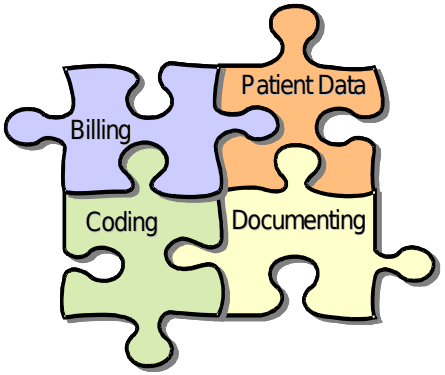
To Generate the Report



- A new CHCS Security Key ADM MAC Report will be added.
  - To control access to the MAC report option to request the report.
  - Search criteria will be limited to the division into which the user is currently logged in. To run the report for another division to which the user has access, the user must switch divisions before entering the desired search criteria.
  - The report will include all divisions to which the user has access or what has been defined for the user in the CHCS User file.

CORE COMPETENCIES

Menu Path to Generate Report



MENU PATH: ADS>2>MAC

STYL User Prompt Style

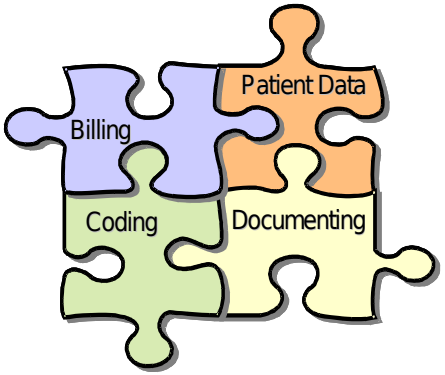
1 Appointments with No ADM Records by Clinic
2 ADM Patients with 3rd Party Insurance
3 ADM Compliance Report
4 ADM Records with Unresolved Coding Issues
5 Interface Transmission Status of ADM Record
6 Encounter Summary Report by Clinic/Provider
7 For Clinic Use Only Report
8 Encounter Specific Code Report by Clinic/Provider
9 Top Number Encounter Report
10 Appointment/Encounter Count Report
11 Patient Encounter Records Report

MAC Medical Affirmative Claims Services Report

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

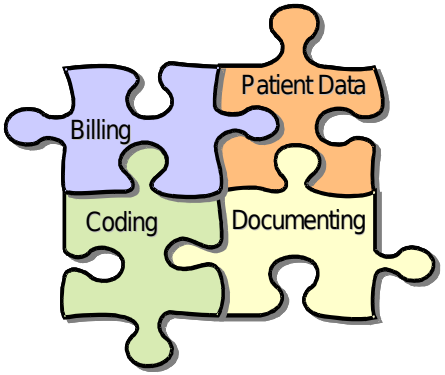
Report by Appointment or Injury Date



- **Search by (A)ppointment date or (I)njury date? A//**
  - The default will be Appointment date. When selected the prompts will display as shown below:
- **Enter Appointment Start date://**
- **Enter Appointment End date://**
  - The user will be limited to selecting a 60 day period for which to generate the report.
- **Search by positive Injury Related Answers?Y//**
  - The default will be “Yes.” A “NO” response will include both MAC flagged and non-MAC flagged data.
- The date prompt will be displayed as follows:
- **Enter Injury Start Date://**
- **Enter Injury End Date://**

CORE COMPETENCIES

Report by SSAN

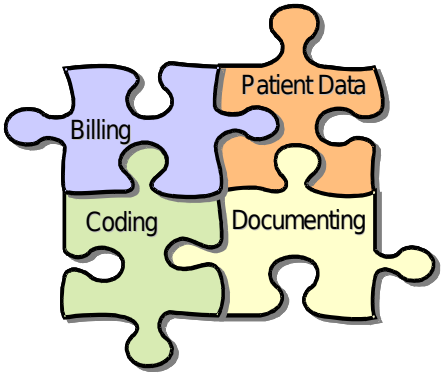


- **Search by Patient (O)ne, (M)ultiple or (A)ll: A//**
- **Enter Patient: NAME,PATIENT**
- **Enter another Patient: 001011000**
  - SSN will be entered without special characters such as dashes.
  - The user will be able to enter either the patient name or the patient or sponsor SSN and a pick list of patients with matching name or SSN or first letter of the last name and the last four digits of the SSN.
  - **Examples:**
- **Select PATIENT NAME: NAM** <or> **N1000** <or> **001011000** <or> **NAME,PATIENT**

1 NAME,BENJAMIN JARET 20/001-01-1000 12 Apr 1969 M FO5 PSP
2 NAME,HANNAH A 01/001-01-1000 13 Jul 1990 F
3 NAME,KIMBERLY C 30/001-01-1000 12 May 1971 F

CORE COMPETENCIES

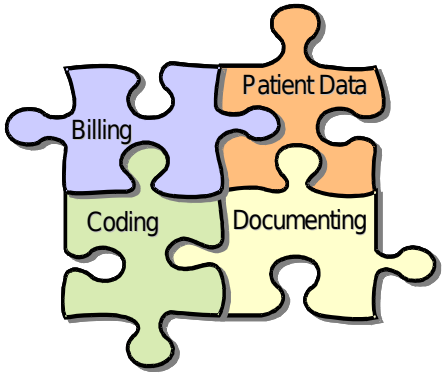
Report by Diagnosis Series



- **Search on Diagnosis: (O)ne , (M)ultiple, (R)ange, (A)ll or Quit//**
- Selection of (O)ne allows the user to enter a single code and the first three characters or any portion of user input will be used as the variable for matching any of the numerical or alpha-numerical codes regardless of the ICD-9 code activation status. A minimum of three characters will be required for the search to be specific. The prompt for (O)ne code will display as follows:
- Enter First Part of ICD-9 Code:// 850
- Codes will display as pre-selected and the user may deselect codes to exclude.
- **Enter First Part of ICD9 Code:// 850**

CORE COMPETENCIES

Diagnoses Selection

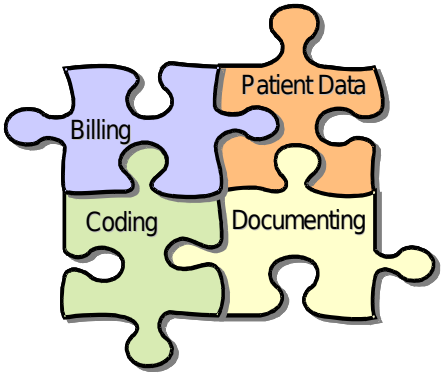


- CODE ACTIVATION STATUS DESCRIPTION
- [----------]
- 850.0 ACTIVE 01Jan80 CONCUSSION W/O COMA
- 850.00 ACTIVE 01 Oct 03 CONCUSSION W/O COMA W/O LOC
- *850.1 INACTIVE 01Oct03 CONCUSSION-BRIEF COMA
- 850.11 ACTIVE 01Oct03 CONCUSS W LOSS CONSC 30 MIN/<
- 850.12 ACTIVE 01Oct03 CONCUSS W LOSS CONSC 31-59 MIN
- 850.2 ACTIVE 01Jan80 CONCUSSION-MODERATE COMA
- 850.3 ACTIVE 01Oct01 CONCUSSION-PROLONG COMA
- 850.4 ACTIVE 01Oct01 CONCUSSION-DEEP COMA
- 850.5 ACTIVE 01Oct01 CONCUSSION W COMA NOS
- 850.9 ACTIVE 01Jan80 CONCUSSION NOS

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

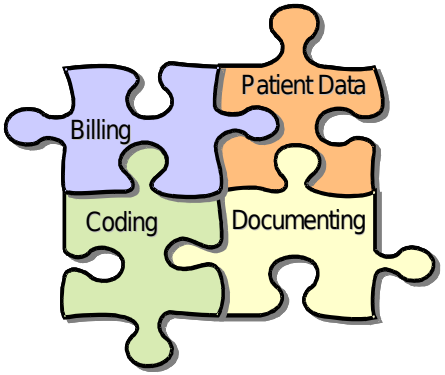
Range of Diagnoses



- The selection of a diagnosis range or “R” will display the prompt to the user to enter a beginning and ending ICD-9 code range.
- **Enter First Part of ICD9 Code to Start:// 850**
- **Enter First Part of ICD9 Code to End:// 870**

CORE COMPETENCIES

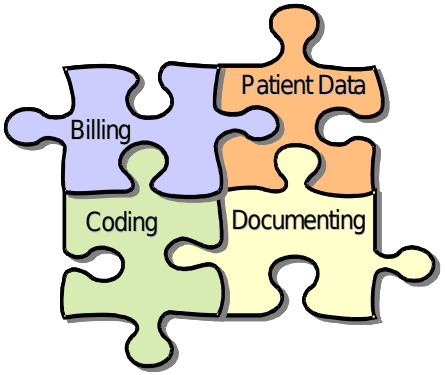
Select Printer for Report



- **Output to (E)xport/Import file or (P)rinter? P//**
- The default will be “Printer”.
- Selection of the output option “Printer” will allow the user to send the report to the print spooler, screen, or printer. The print format of the report will be landscape, 132 columns, and compressed font.
  - The device prompt displayed to the user allows for the following output paths. Bold italics show the user input to the responses.
- Printing to screen or home will return these prompts.
- **Select DEVICE: <Return>**
- ***Sorting...***
- Report displays to the screen in 132 columns and compressed font.

CORE COMPETENCIES

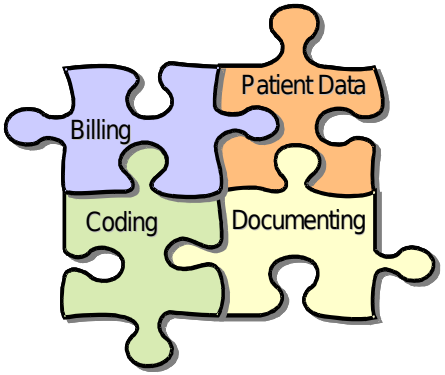
Spooling Report



- Printing to a Spool device or file will allow the report to be retained for a 7 to 14 day period depending on the host defined parameter for the Spool device. The user may enter a different start time for the report to be created or accept the default. The system will display these prompts to the user.
- **Select DEVICE: QUEUE TO PRINT ON**
- **DEVICE: SPOOL**
- **Select SPOOL DOCUMENT NAME: *MAC report 01 OCT04-31 OCT 04***
- **Are you adding "MAC REPORT 01 OCT 04-31 OCT 2004" as a new SPOOL DOCUMENT? *y* (YES)**
- **EXPIRATION DATE: 16 Dec 2004//**
- **Requested start time: NOW// (*01 Dec 2004@0827)***
- **TASKED SUCCESSFULLY (994184)**
- **Press <RETURN> to continue**

CORE COMPETENCIES

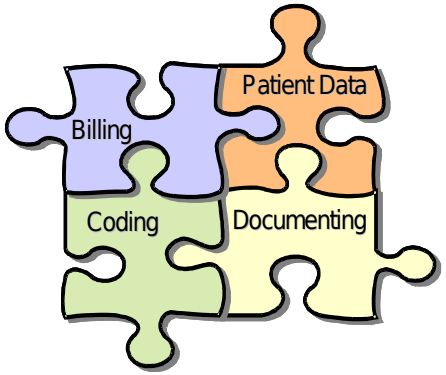
Alerting Staff that Record is a MAC Record



- Need to ensure ALL encounters have documentation
- Need to ensure medical record is not transferred to another facility without alerting new facility that record is a MAC record
- Can mark record (Green 3x5 index card with “MAC do not keep overnight” stapled to front of record)
- Can put second “cover” over the regular file cover
- Can have in separate “File Room” in CHCS (and kept separately or in the main record room)
- When kept separately, have charge out in main record room to collect loose paperwork

CORE COMPETENCIES

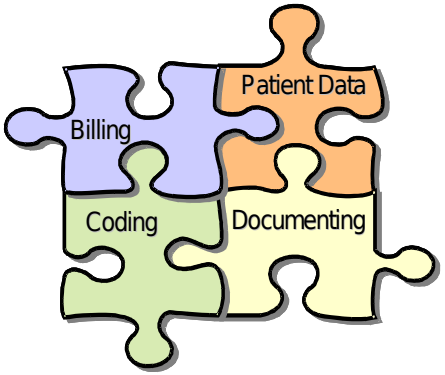
Closing MAC Cases



- Use reports to identify MAC cases that have not had an encounter related to the injury in 30 days
- Contact Primary Care Manager to see if injury issue is resolved
- If resolved, forward MAC billing package to legal

CORE COMPETENCIES

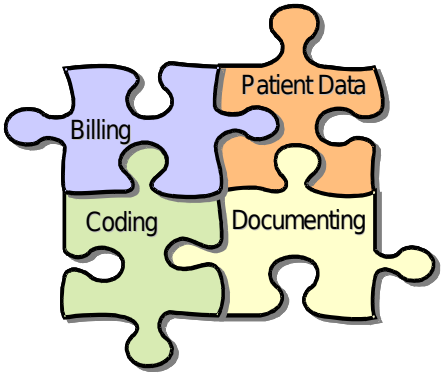
Forwarding MAC Cases to Legal



- Use reports to identify ALL possible services related to the injury
- Check medical record to make sure documentation is available
- Check with RMO to see if MTF paid for any related civilian consults, referrals or other procedures
- Check for TRICARE services

CORE COMPETENCIES

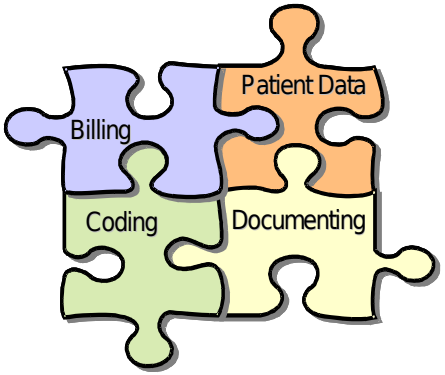
How to Use the Reports



- Diagnosis level indicators assigned to each CPT/HCPCS code(s)
  - The diagnosis level matches the procedure to the diagnosis
  - Work with your provider POC to determine which laboratory tests, radiology procedures, and other services apply to the injury

CORE COMPETENCIES

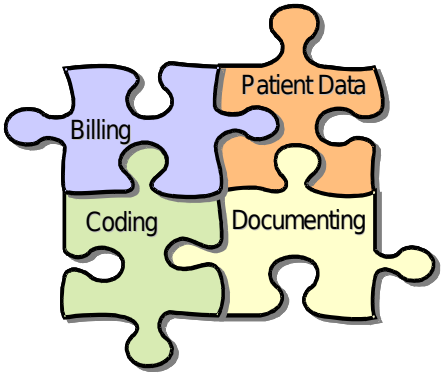
External Cause Of Injury Codes (E-Codes)



- Only used the first time services are received in relation to the injury/accident at your MTF. For instance:
  - If seen in the ER then followed-up in FPC, would only expect to see it on the ER encounter
  - If a parent is a tobacco user, would only see it coded once, even if the child is only with that parent in July and December

CORE COMPETENCIES

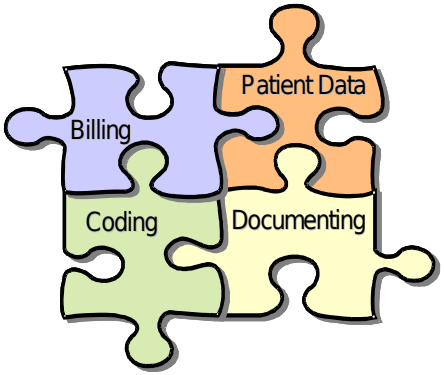
ICD 800-999 Codes



- The initial treatment is usually coded with an injury code, such as 812.02 Fracture of humerus, closed, anatomical neck
- Follow-on encounters will be coded with V-code such as V54.11 Aftercare for healing traumatic fracture of upper arm
- If you see codes in the 800-999 range repeated in multiple visits, contact coding and ask them to review the documentation and coding
  - It could be a new injury each time, but incorrect coding is usually the reason

CORE COMPETENCIES

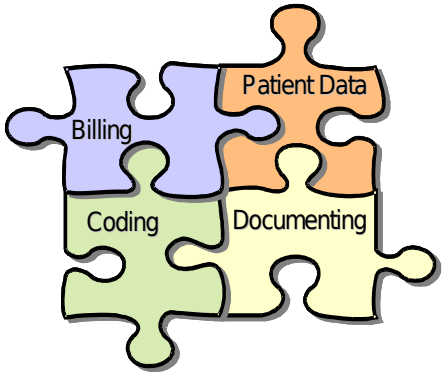
ICD Codes



- Some injury codes are not in the 800-999 range
- Sprains, strains and pain – 717-729.9
- Residual foreign bodies

CORE COMPETENCIES

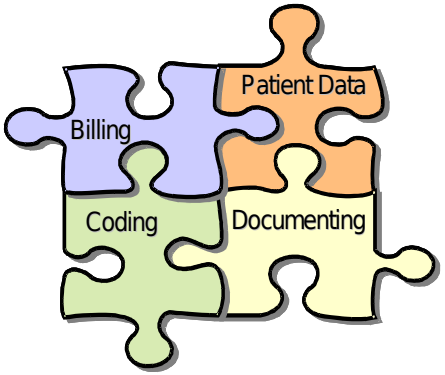
Some Initial Injuries Will Not have Useful E-code



- Blisters or abrasions, with or without mention of infection
- Could use E849.9 Unspecified Place of Occurrence (which takes time to collect and provides no information)
- Most ICD-9 codes between 800 and 999 will have useful E-codes

CORE COMPETENCIES

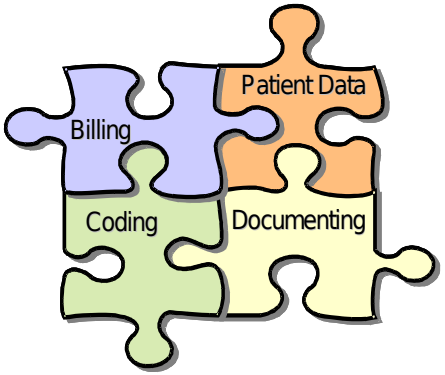
Understanding CPT Codes



- Be very careful with modifiers
- If a patient is seen at a civilian ER for a fracture, say the humerus, the code would be 23600-54 (to show the operative procedure only)
- Then the patient is followed up in our Orthopedic Clinic, for the first follow-up you would code 23600-55 for all the post operative care (the code would only be used the first time, then the uncomplicated post operative care would be coded with 99024)
- Only bill for the modified code, not the base code.

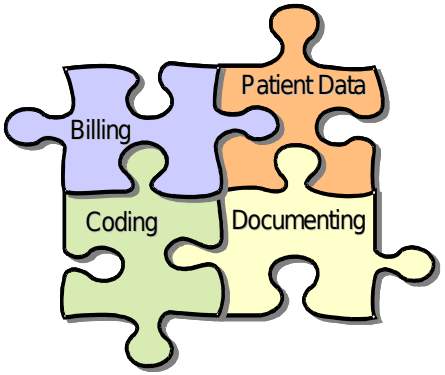
CORE COMPETENCIES

Summary



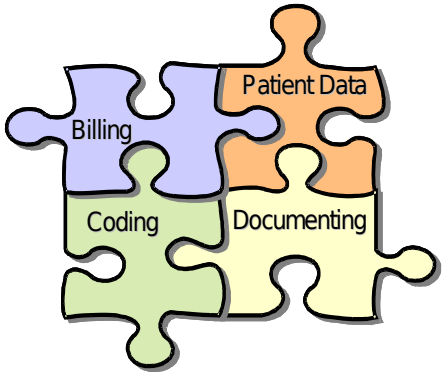
- Major problems with MAC
  - Identifying potential MAC cases
  - Closing out MAC cases and forwarding to Legal
- Enhanced MAC module
  - Appointment clerks and technicians can collect free text to help you screen injury patients
  - Able to see all injury related encounters to screen for completed care and identify all services for a patient
- E-codes are only used for initial encounter

CORE COMPETENCIES



- Questions?
- Chapter 5 of the UBO Manual

CORE COMPETENCIES



Navy Debt Management

Ellen Ventura

May 18, 2005

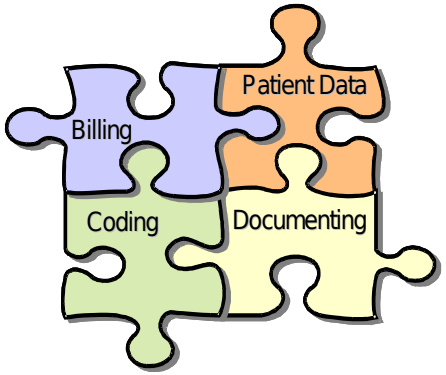
Track 7 MSA

Please Print Note Pages

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Reference



Uniform Business Office Operations

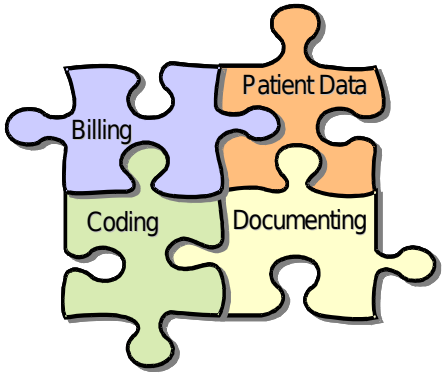
Chapter 9.4.20

Procedures for Transferring Delinquent Accounts

Unified Biostatistical Utility/Uniform Business

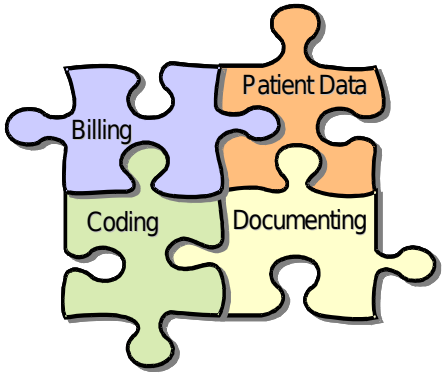
CORE COMPETENCIES

Objectives



- Know when the delinquent account goes into a transfer status
- Know what steps to take prior to that account going into a transfer status
- Know how to correctly transfer an account

CORE COMPETENCIES

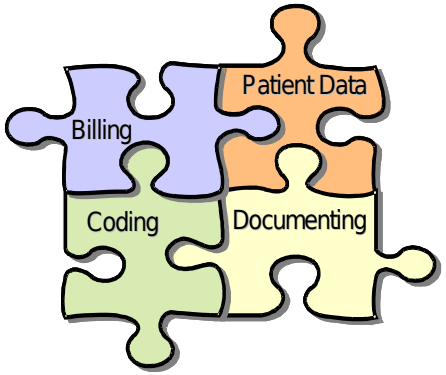


MSA Parameters

Nightly Processing Reports

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

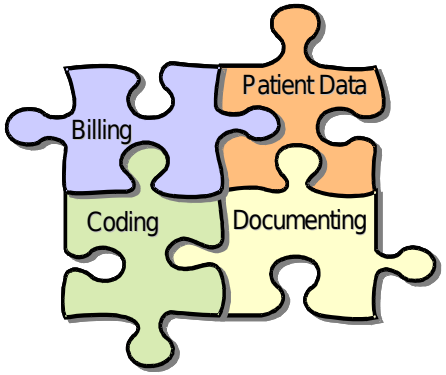


Billing Process

MSA Patients

Unified Biostatistical
Utility/Uniform Business

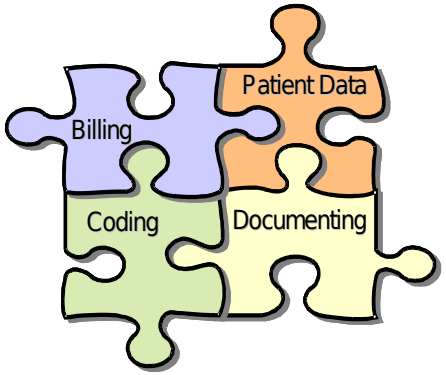
CORE COMPETENCIES



Insurance Billing For MSA Patients

Unified Biostatistical
Utility/Uniform Business

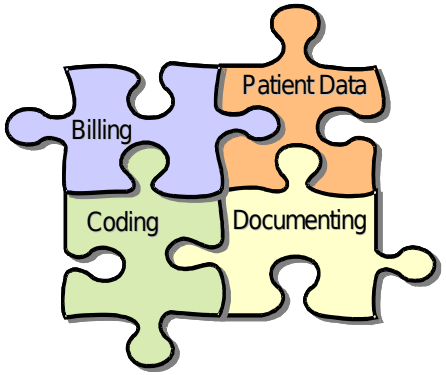
CORE COMPETENCIES



Review Process

Unified Biostatistical
Utility/Uniform Business

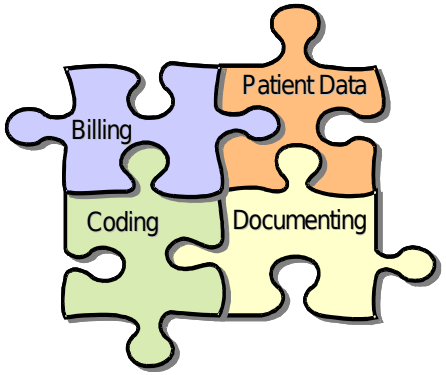
CORE COMPETENCIES



Biggest Factor is Communication

Unified Biostatistical Utility/Uniform Business

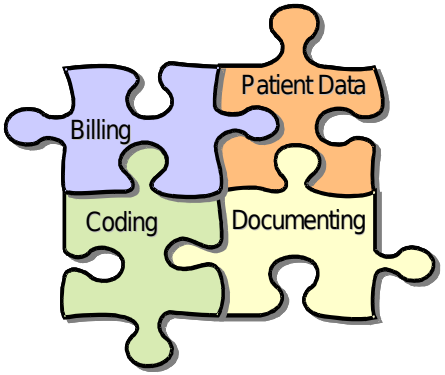
CORE COMPETENCIES



Accounts Subject to Transfer

Unified Biostatistical
Utility/Uniform Business

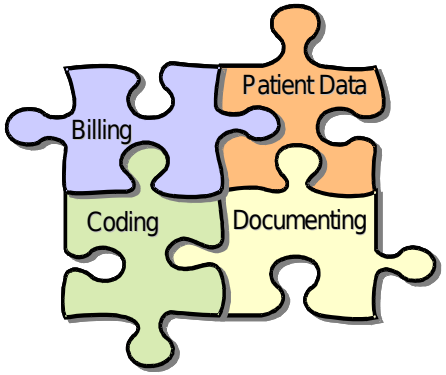
CORE COMPETENCIES



Debts Under $600

Unified Biostatistical
Utility/Uniform Business

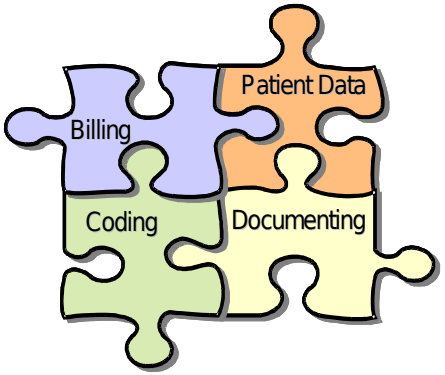
CORE COMPETENCIES



Debts Over $600

Unified Biostatistical
Utility/Uniform Business

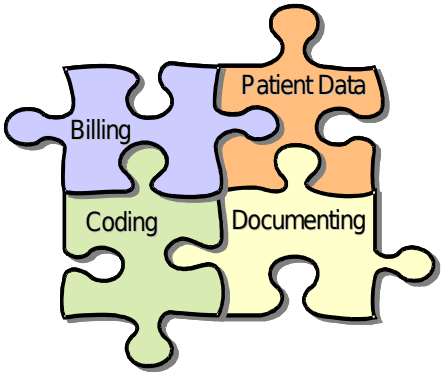
CORE COMPETENCIES



- Has every effort be made to settle the patient's account?
- Are collection efforts fully documented?
- How are your communication skills?

CORE COMPETENCIES

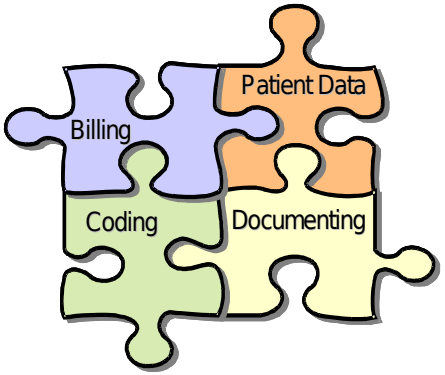
Navy Debt Management



Questions??

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES



Tips to Aid in Establishing your UBO Training Program

Clenton E. Ballard

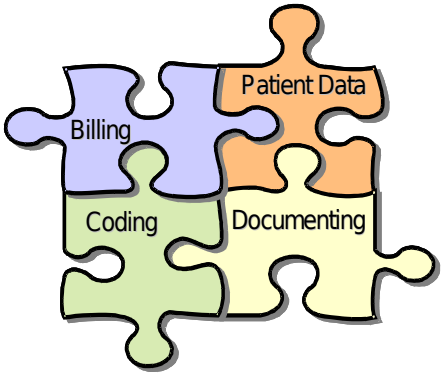
18 May 2005

Track 3, UBO

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

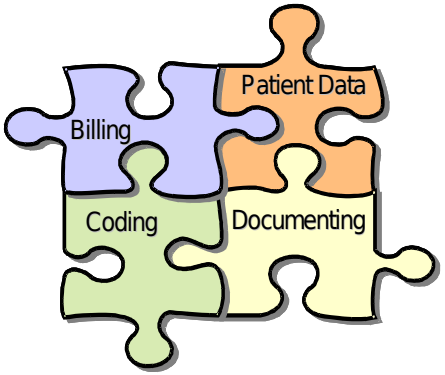
Objectives



- Assess your training needs
- Locate some useful web sites that contain helpful information
- Improve the overall knowledge of your staff

CORE COMPETENCIES

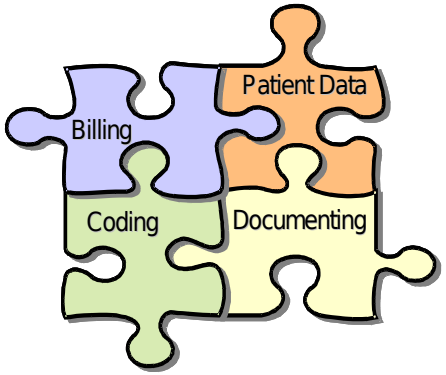
Assessing your Training Needs



- Various Methods for assessing your training needs
  - Denials Letters
  - Employee's Self-Assessment
  - Review of Claims

CORE COMPETENCIES

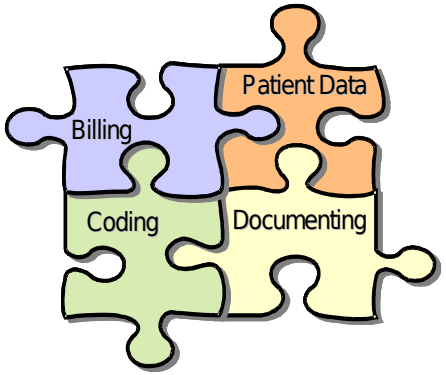
Useful Web Sites that Contain Helpful Information



- Your insurance carriers
- http://tricare.osd.mil/rm/ubo_home.cfm
- Medicare Intermediaries Web page
  - http://trailblazerhealth.com/parta/education.asp

CORE COMPETENCIES

Useful Web Sites that Contain Helpful Information



E-News a service of DecisionHealth™
Anesthesia & Pain Management
Tools to Code & Bill Services Correctly

In this issue:

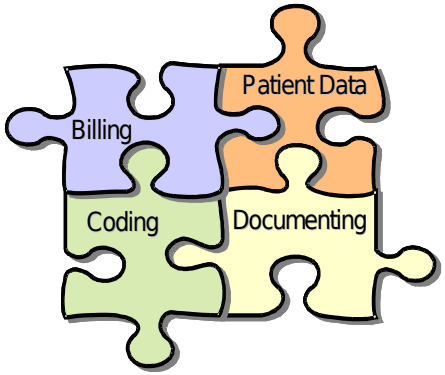
April 27, 2005

- **Incident-to billing: Make sure physician set s the plan, supervises care**
- **When not to bill a new patient visit**
- **Pain Management Q&A**

Source: Anesthesia & Pain Management E-News

CORE COMPETENCIES

Useful Web Sites that Contain Helpful Information



Physician Billing & Reimbursement E-News

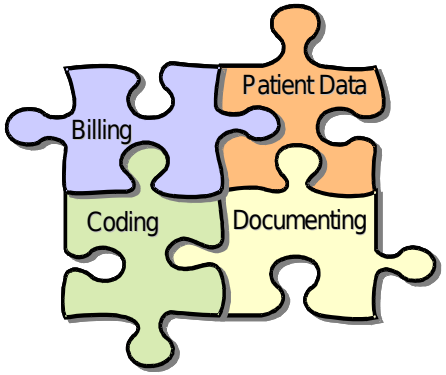
- **3. Bill for hemorrhoidectomy code 46221 once per session**
- You should use hemorrhoidectomy code 46221 only once per session, regardless of the number of hemorrhoids removed, billing experts and a Medicare carrier, AdministarFederal, say.
- CPT coding rules make it clear that the procedure can be billed only once for the visit, not once per hemorrhoid, noted Jo Ann Steigerwald, senior consultant, Medical Business Specialists, Baraboo, Wis. The code is used for hemorrhoidectomy by simple ligature (such as with a rubber band).
- Administar, the Part B carrier for Kentucky and Indiana, recently warned practices in its territory that their billing records showed that some practices were using 46221 incorrectly.

  The procedure is billed primarily by general and colorectal surgeons, with some use by gastroenterologists, internists and family practitioners.

Source: Physician Billing & Reimbursement E-News dated 26 Apr 05

CORE COMPETENCIES

Useful Web Sites that Contain Helpful Information



APC Reimbursement
Tools to Bill and Code Under Medicare's Outpatient PPS
E-NEWS
a service of DecisionHealth™

Billing Question of the Week

Q: Will I receive payment for percutaneous image-guided breast biopsies?

A: Yes. CMS will now reimburse you for percutaneous image-guided breast biopsies, using either stereotactic or ultrasound imaging, for **both nonpalpable and palpable breast lesions.**

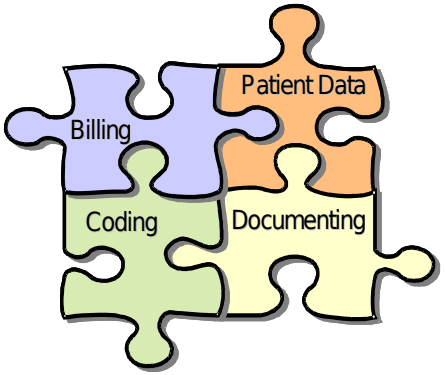
Bill either codes **19102** (percutaneous needle core, using imaging guidance, Bx breast percut w/image, APC 0005, $213.07, national) or **19103** (percutaneous automated vacuum assisted or rotating biopsy device, using imaging guidance, APC 0658, $380.78).

You may also be able to bill **10022** (fine needle aspiration; with imaging guidance, APC 0036, $127.51), but beware: You'll hit a CCI edit if you bill 10022 with either 19102 or 19103. Be sure to append modifier -59 (distinct procedural service), if appropriate.

Source: APC Reimbursement E-News dated 26 Apr 05

CORE COMPETENCIES

Useful Web Sites that Contain Helpful Information



- Excerpt of Aetna's Policy on Injections for Treatment of Back Pain

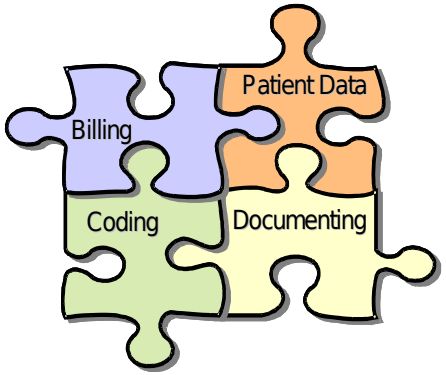
  Aetna considers *any* of the following injections or procedures medically necessary for the treatment of back pain; provided, however, that *only one* invasive modality or procedure will be considered medically necessary at a time.

  Facet joint injections are considered medically necessary in the management of chronic back or neck pain (pain lasting more than 3 months despite appropriate conservative treatment) when used *either*:
  - As a diagnostic trial to determine the origin of the member's pain, to establish the effectiveness of the facet injections in relieving the member's pain, and to achieve a therapeutic effect; or
  - As a therapeutic injection to facilitate a comprehensive pain management program (not as an isolated treatment), including physical therapy, patient education, psychosocial support, and oral medication where appropriate.

Source: Aetna's Clinical Policy Bulletins #0016

CORE COMPETENCIES

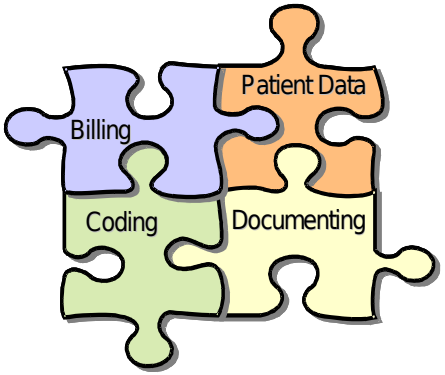
Increasing the Knowledge of your Staff



- Conduct a Self-Assessment of Each Member of Your Staff
  - Honest answers to their assessment
  - Have them show proficiency on their tasking
- Utilize the Information on the Self-Assessment to Determine Your Training Needs
  - Do you need to send them for training?
  - Can training be accomplished with in-house resources?

CORE COMPETENCIES

Increasing the Knowledge of your Staff



Brooke Army Medical Center — **RMD Branch Management – Uniform Business Office**

Behavior (Source of Performance Standard)	*Self Assess	Orientation (preceptor initials & date)	+Eval Method	Competency Validated By Supervisor (Signature & Date)	Comments
5. Staff Development	**CRITICAL THINKING:** *Demonstrates knowledge of military and civilian personnel requirements for professional development and projects training needs into overall Division goals and objectives. Ensures that all training opportunities incorporate the age, language, and cultural needs of the staff.*				
A. Demonstrates the ability to identify learning needs of the staff					
B. Verbalizes educational resources available within BAMC and local and professional resources					
C. Verbalizes understanding of the educational process and maintains a robust program					
D. Verbalizes requirements and process for requesting additional training for staff members (CAS3, CGSC, PPBES, RMBC, Fiscal Law, Manpower & Force Management, TFMEP, etc)					
E. Supports opportunities to advance staff members' professional development (TDYs, courses, advanced civilian schooling) and understands process to request approval/funding					
F. Addresses the ongoing competency needs of the staff					
Source of Performance Standard: Surveillance, Prevention, and Control of Infection					
Demonstrates ability to identify and reduce the risks of acquiring and transmitting infections between patients, employees, and visitors and follows all guidelines per BAMC Infection Control Policy and Procedures Guide.					
1. Refers to and implements the BAMC Infection Control Policy					
2. Ensures staff understand the importance of hand washing					
Source of Performance Standard: Resource Management Operations ---Care of Patients					
Demonstrates clinical competency related to specific skills and procedures IAW appropriate standards for care and within defined scope of practice and manufacturer guidelines.					
1. Billing & Treasury (Uniform Business Office) Operations	**CRITICAL THINKING:** *Ensures that BAMC complies with sound and acceptable fiscal management procedures and uses available information to improve and enhance resource management decision making. Recognizes unique needs of all BAMC activities and performs procedures accordingly. Works with staff and other members of the BAMC healthcare team to meet the regulatory requirements in ensuring compliance with AR37-1 series financial guidance, TMA UBO guidance, and the prevention of anti-deficiency act violations.*				
A. Verbalizes understanding of methods available to conduct hospital-wide treasury operations to include safeguarding of patient valuables					
B. Verbalizes understanding of methods available to and accounting for the reimbursable collections from other hospital functions, to include Nutrition Care Division.					
C. Verbalizes understanding of methods available to apply proper billing procedures for Third Party Collections for DoD beneficiaries treated at BAMC					

* E= Experienced
NP= Needs Practice
ND = Never Done
NA= Not Applicable (Based on Scope)

\+ V= Verbal
D= Demonstrated/Observation
PE = Practical Exercise
I= Interactive Class

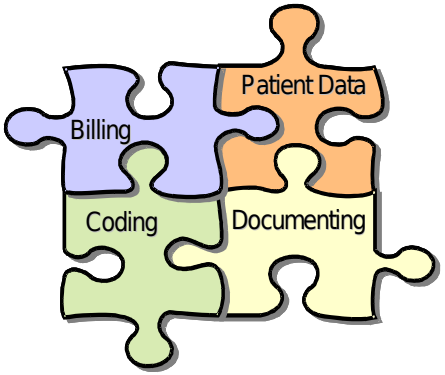
4

Close Full Screen

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

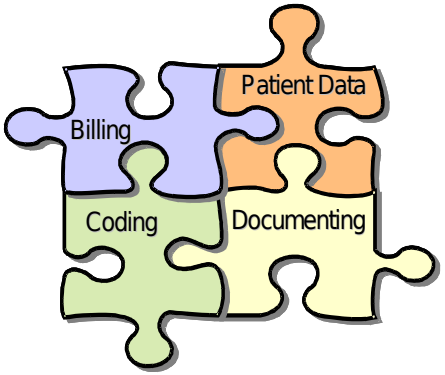
Increasing the Knowledge of your Staff



- Include Training as Part of Your Staff Meetings
  - Select a member of your staff to present the training.
- Continue to Assess Your Training Needs

CORE COMPETENCIES

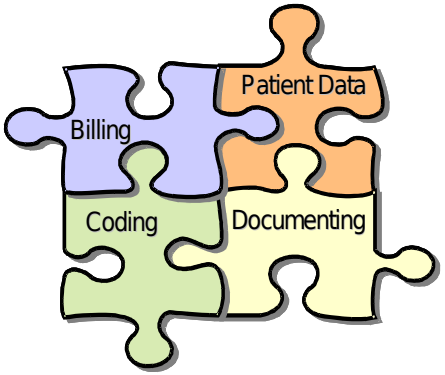
Summary



- Assess your training needs
  - Use your denial letters
- Locate some useful web sites that contain helpful information
  - Insurance Carrier's Web Page
- Improve the overall knowledge of your staff
  - Conduct Employee Self-Assessments

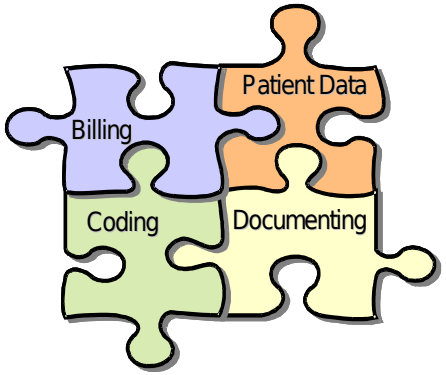
CORE COMPETENCIES

Tips to Aid in Establishing your UBO Training Program



- Questions?

CORE COMPETENCIES



MSA Tools to Make Your Job Easier

Clenton E. Ballard

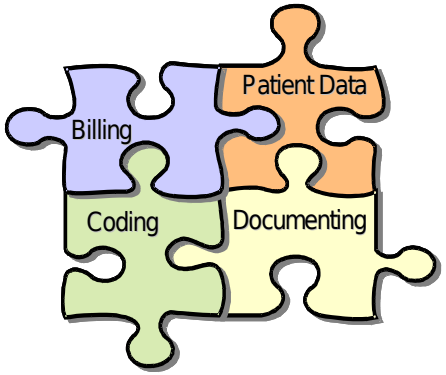
18 May 2005

Track 3, UBO

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Objectives

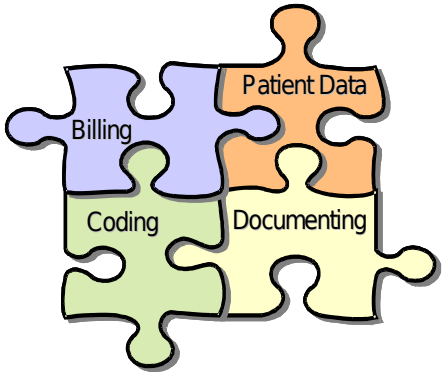


- Tool to Track Your Daily Deposits
- Tool to Identify Outpatient Visits for MSA Appointments and TPC Patients with OHI
- Tool to Extract the 1860R/Monthly Medical Activity Report Data
- Transfer Data from CHCS to Excel Spreadsheet

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Tool to Track Daily Deposits



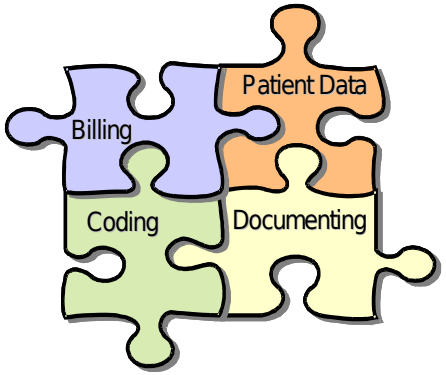
Microsoft Excel - COLLECTIONS LOG Template

	A	B	C	D	E	BD	BE	BF	BG
1		DEP		DATE	DATE				
2	MO/YR	TICKET		TO	INTO	MEALS	MEALS	OPTPCP	IPTPCP
3	OF DEP.	#	NAME	BANK	SRD1	1KC015	1KC195	3KYA15	3KYB25
4	Oct-05								
5		187637	05-002	04-Oct-04	18-Oct-04			$ 13,255.99	$ 42,548.16
6		187537	05-001	01-Oct-04	14-Oct-04	$ 5,335.49	$ 1,753.21		
7		187538	05-003	04-Oct-04	14-Oct-04	$ 7,270.94	$ 2,393.18		
8		187639	05-004	05-Oct-04	14-Oct-04			$ 22,104.02	$ 53,159.14
9		187539	05-006	05-Oct-04	14-Oct-04	$ 5,534.94	$ 1,818.17		
10		187540	05-007	06-Oct-04	14-Oct-04	$ 5,715.90	$ 1,874.10		
11		187390	05-008	07-Oct-04	14-Oct-04				
12		187642	05-009	07-Oct-04	14-Oct-04			$ 12,347.71	$ 20,596.97
13		187541	05-010	07-Oct-04	14-Oct-04	$ 5,816.50	$ 1,920.03		
14		187542	05-013	08-Oct-04	14-Oct-04	$ 5,614.80	$ 1,844.50		
15		187391	05-014	12-Oct-04	14-Oct-04				
16		187638	05-011	08-Oct-04	21-Oct-04				
17		187640	05-005	06-Oct-04	14-Oct-04			$ 19,445.55	$ 47,727.52
18		187654	05-516	12-Oct-04	14-Oct-04				$
19		187543	05-017	12-Oct-04	14-Oct-04	$ 8,169.01	$ 2,676.75		
20		187544	05-018	13-Oct-04	14-Oct-05	$ 5,222.13	$ 1,715.57		
21		187644	05-019	13-Oct-04	14-Oct-04			$ 16,469.54	
22		187392	05-021	14-Oct-04	14-Oct-04				
23		187545	05-020	14-Oct-04	19-OCT-04	$ 5,705.60	$ 1,878.37		
24		187645	05-022	15-Oct-04	19-Oct-04			$ 19,097.79	$ 32,096.26

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Tool to Identify Outpatient Visits for MSA/TPC Appointments



Personal Data - Privacy Act of 1974 (PL 93-579)

SAN ANTONIO COMPOSITE HEALTH CARE SYSTEM PAGE:23

USER: BALLARD,CLENTON

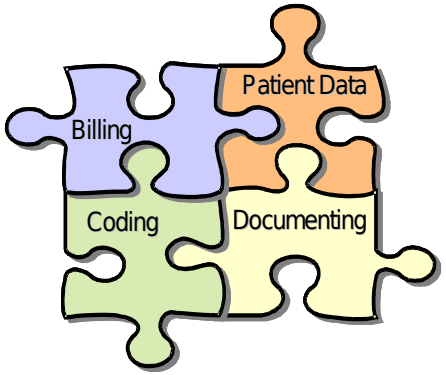
REPORT DATE: -

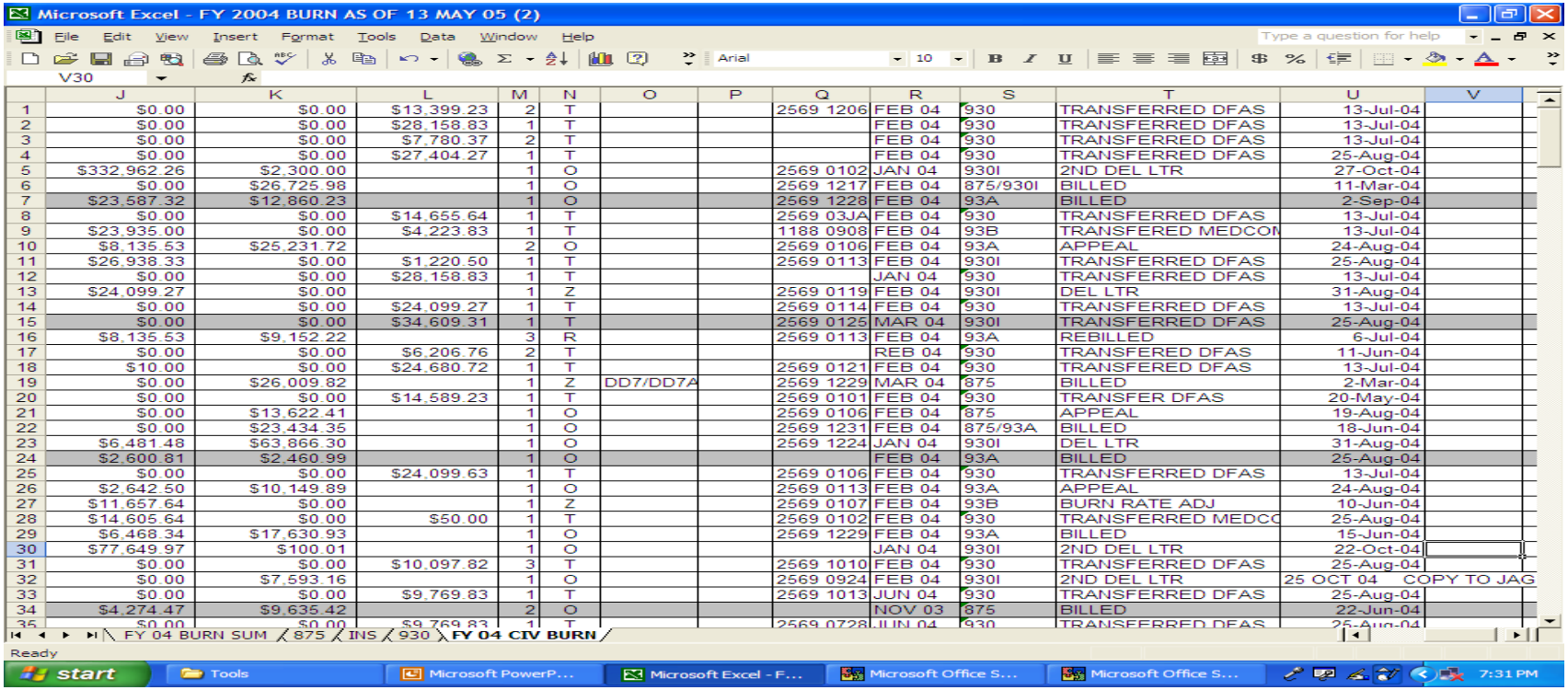
PATIENT	CAT	FMP/SSN	CLINIC	PROVIDER	INS CODE
MEPRS CODE: BBDA					
RUTH,BABE	A48	20/500-11-2222	OPHTHALMOLOGY	HOLMES,WENDALL	01090403
PEEP,LITTLE B	F31	20/444-11-1111	OPHTHALMOLOGY,	LINCOLN,ABRAHAM	BCBTX0005
FLEMING,JANE	A43	30/555-11-3333	OPHTH CORNEA,B	JOHNSON,LYNDON	01090002
FIFTH,HENRY T	A31	20/333-11-4444	OPHTHALMOLOGY,	CLINTON,WILLIAM	01090002

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Tool to Extra 1860 Data



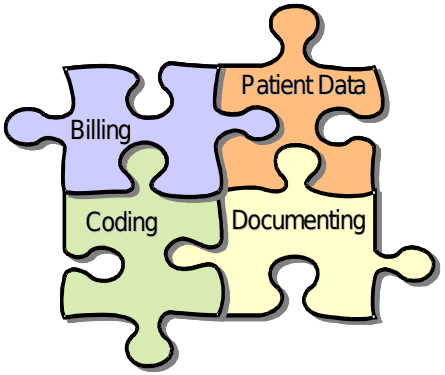

Microsoft Excel - FY 2004 BURN AS OF 13 MAY 05 (2)
File Edit View Insert Format Tools Data Window Help
Type a question for help
V30
FY 04 BURN SUM 875 INS 930 FY 04 CIV BURN
Ready
start
Tools
Microsoft PowerP...
Microsoft Excel - F...
Microsoft Office S...
Microsoft Office S...
7:31 PM

	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	$0.00	$0.00	$13,399.23	2	T			2569 1206	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
2	$0.00	$0.00	$28,158.83	1	T				FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
3	$0.00	$0.00	$7,780.37	2	T				FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
4	$0.00	$0.00	$27,404.27	1	T				FEB 04	930	TRANSFERRED DFAS	25-Aug-04	
5	$332,962.26	$2,300.00		1	O			2569 0102	JAN 04	930I	2ND DEL LTR	27-Oct-04	
6	$0.00	$26,725.98		1	O			2569 1217	FEB 04	875/930I	BILLED	11-Mar-04	
7	$23,587.32	$12,860.23		1	O			2569 1228	FEB 04	93A	BILLED	2-Sep-04	
8	$0.00	$0.00	$14,655.64	1	T			2569 03JA	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
9	$23,935.00	$0.00	$4,223.83	1	T			1188 0908	FEB 04	93B	TRANSFERED MEDCON	13-Jul-04	
10	$8,135.53	$25,231.72		2	O			2569 0106	FEB 04	93A	APPEAL	24-Aug-04	
11	$26,938.33	$0.00	$1,220.50	1	T			2569 0113	FEB 04	930I	TRANSFERRED DFAS	25-Aug-04	
12	$0.00	$0.00	$28,158.83	1	T				JAN 04	930	TRANSFERRED DFAS	13-Jul-04	
13	$24,099.27	$0.00		1	Z			2569 0119	FEB 04	930I	DEL LTR	31-Aug-04	
14	$0.00	$0.00	$24,099.27	1	T			2569 0114	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
15	$0.00	$0.00	$34,609.31	1	T			2569 0125	MAR 04	930I	TRANSFERRED DFAS	25-Aug-04	
16	$8,135.53	$9,152.22		3	R			2569 0113	FEB 04	93A	REBILLED	6-Jul-04	
17	$0.00	$0.00	$6,206.76	2	T				REB 04	930	TRANSFERED DFAS	11-Jun-04	
18	$10.00	$0.00	$24,680.72	1	T			2569 0121	FEB 04	930	TRANSFERED DFAS	13-Jul-04	
19	$0.00	$26,009.82		1	Z	DD7/DD7A		2569 1229	MAR 04	875	BILLED	2-Mar-04	
20	$0.00	$0.00	$14,589.23	1	T			2569 0101	FEB 04	930	TRANSFER DFAS	20-May-04	
21	$0.00	$13,622.41		1	O			2569 0106	FEB 04	875	APPEAL	19-Aug-04	
22	$0.00	$23,434.35		1	O			2569 1231	FEB 04	875/93A	BILLED	18-Jun-04	
23	$6,481.48	$63,866.30		1	O			2569 1224	JAN 04	930I	DEL LTR	31-Aug-04	
24	$2,600.81	$2,460.99		1	O				FEB 04	93A	BILLED	25-Aug-04	
25	$0.00	$0.00	$24,099.63	1	T			2569 0106	FEB 04	930	TRANSFERRED DFAS	13-Jul-04	
26	$2,642.50	$10,149.89		1	O			2569 0113	FEB 04	93A	APPEAL	24-Aug-04	
27	$11,657.64	$0.00		1	Z			2569 0107	FEB 04	93B	BURN RATE ADJ	10-Jun-04	
28	$14,605.64	$0.00	$50.00	1	T			2569 0102	FEB 04	930	TRANSFERRED MEDCO	25-Aug-04	
29	$6,468.34	$17,630.93		1	O			2569 1229	FEB 04	93A	BILLED	15-Jun-04	
30	$77,649.97	$100.01		1	O				JAN 04	930I	2ND DEL LTR	22-Oct-04	
31	$0.00	$0.00	$10,097.82	3	T			2569 1010	FEB 04	930	TRANSFERRED DFAS	25-Aug-04	
32	$0.00	$7,593.16		1	O			2569 0924	FEB 04	930I	2ND DEL LTR	25 OCT 04	COPY TO JAG
33	$0.00	$0.00	$9,769.83	1	T			2569 1013	JUN 04	930	TRANSFERRED DFAS	25-Aug-04	
34	$4,274.47	$9,635.42		2	O				NOV 03	875	BILLED	22-Jun-04	
35	$0.00	$0.00	$9,769.83	1	T			2569 0728	JUN 04	930	TRANSFERRED DFAS	25-Aug-04	

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

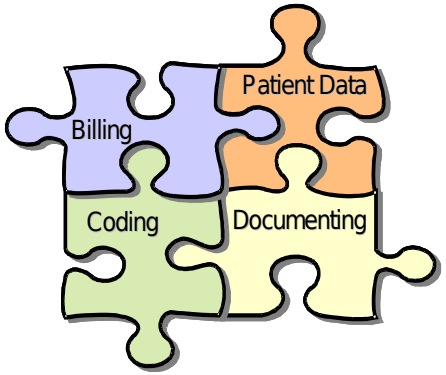
Transfer Data From CHCS to Excel

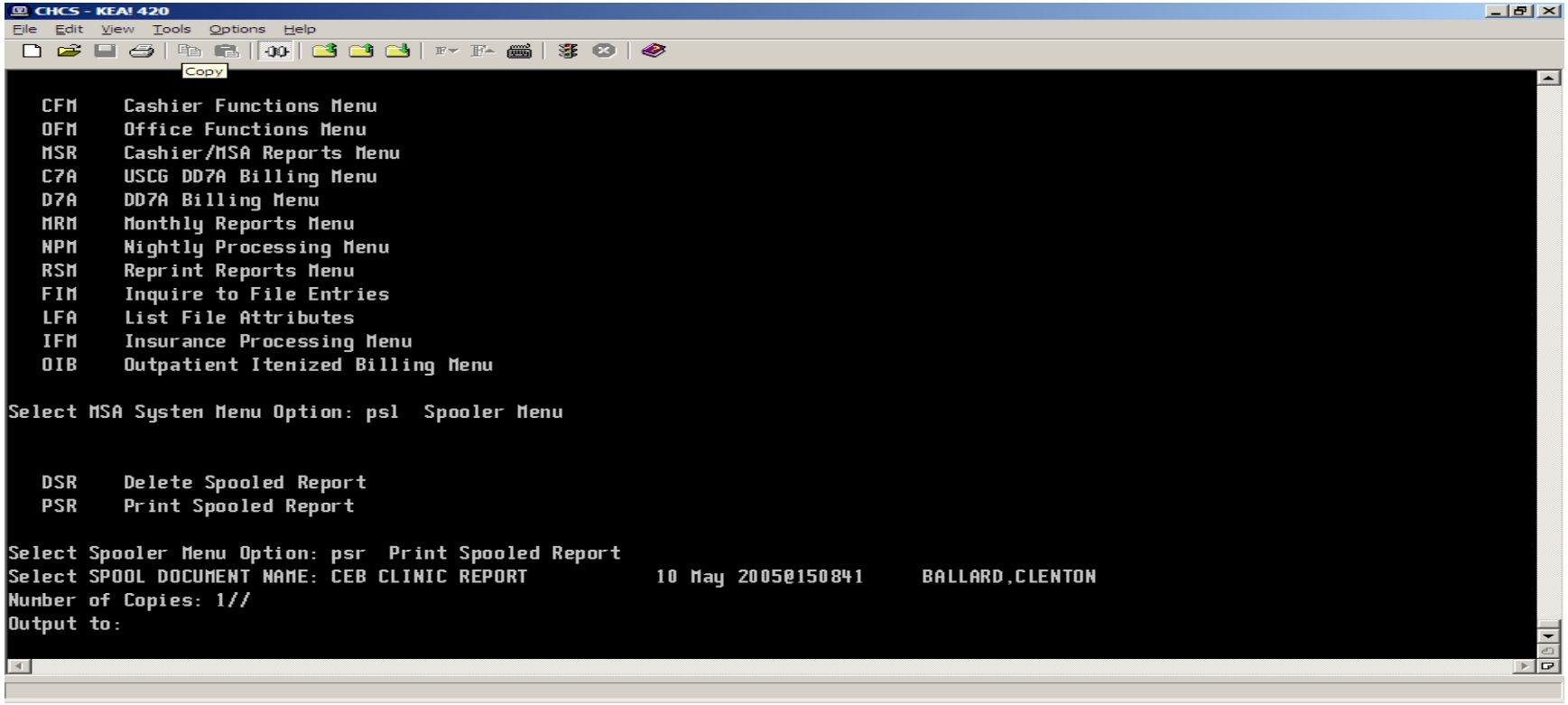


- Run your report in CHCS using the provided adhoc
- Save your report as a spooled document
- Allow your report to run to completion

CORE COMPETENCIES

Transfer Data From CHCS to Excel

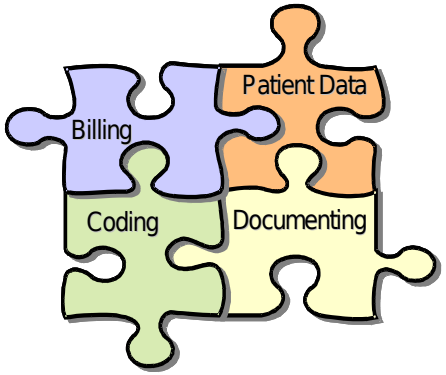


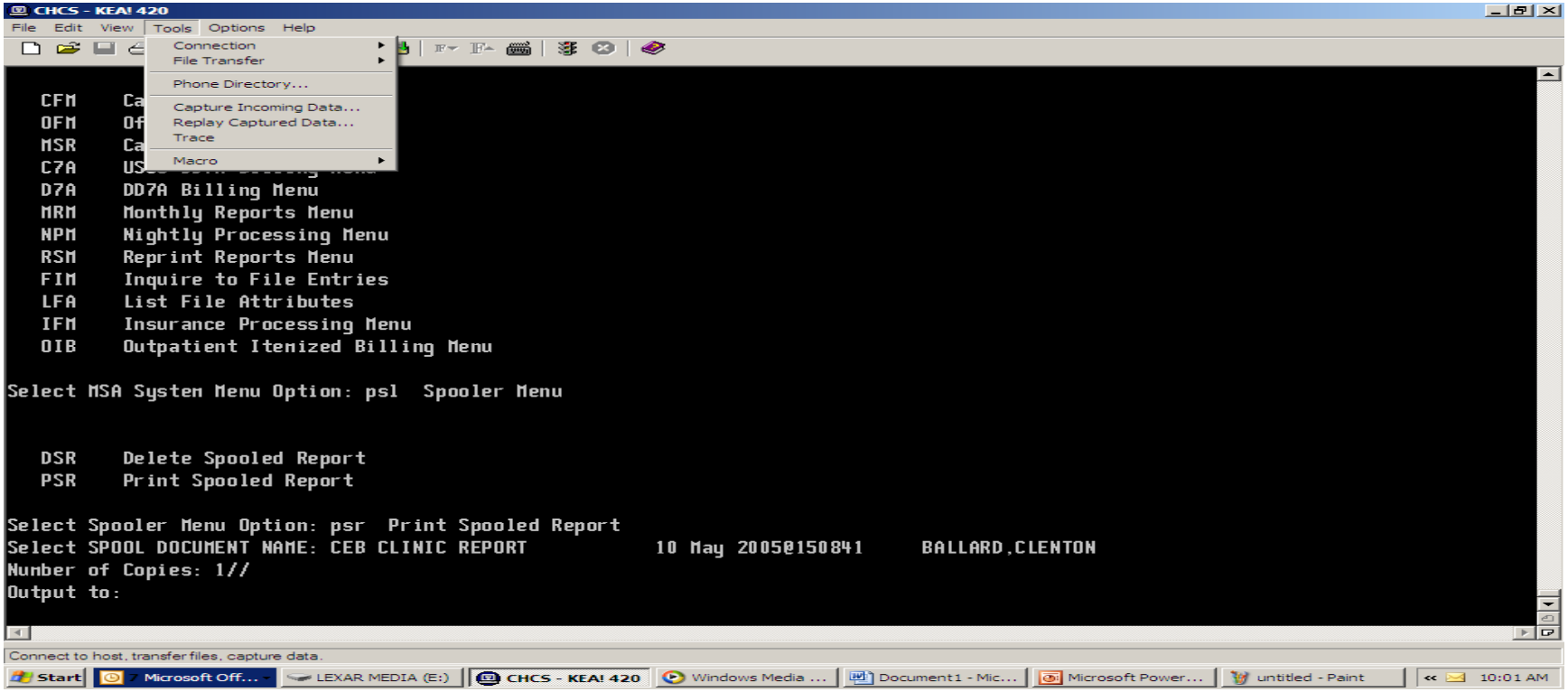

CHCS - KEA! 420
File Edit View Tools Options Help
Copy
CFM Cashier Functions Menu
OFM Office Functions Menu
MSR Cashier/MSA Reports Menu
C7A USCG DD7A Billing Menu
D7A DD7A Billing Menu
MRM Monthly Reports Menu
NPM Nightly Processing Menu
RSM Reprint Reports Menu
FIM Inquire to File Entries
LFA List File Attributes
IFM Insurance Processing Menu
OIB Outpatient Itenized Billing Menu
Select MSA Systen Menu Option: psl Spooler Menu
DSR Delete Spooled Report
PSR Print Spooled Report
Select Spooler Menu Option: psr Print Spooled Report
Select SPOOL DOCUMENT NAME: CEB CLINIC REPORT 10 May 2005@150841 BALLARD,CLENTON
Number of Copies: 1//
Output to:

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel

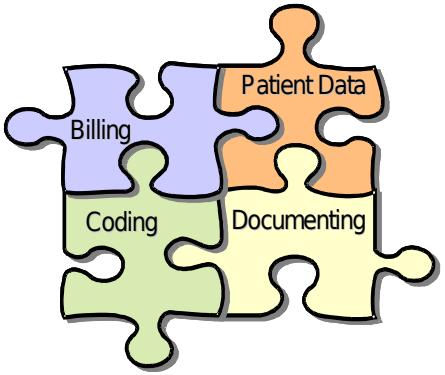


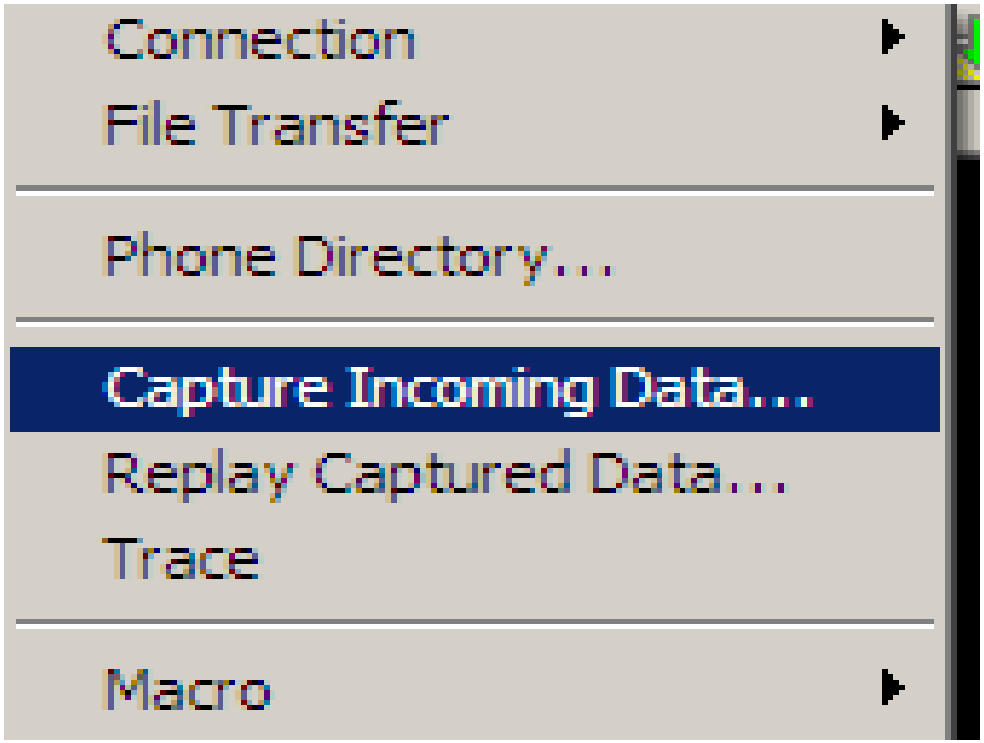


Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel

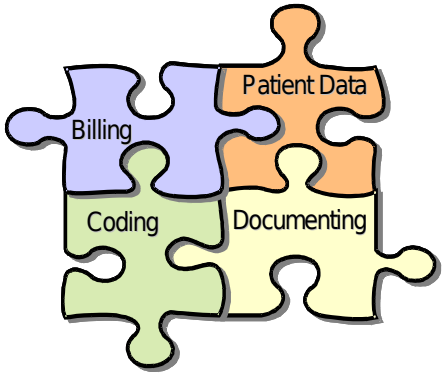


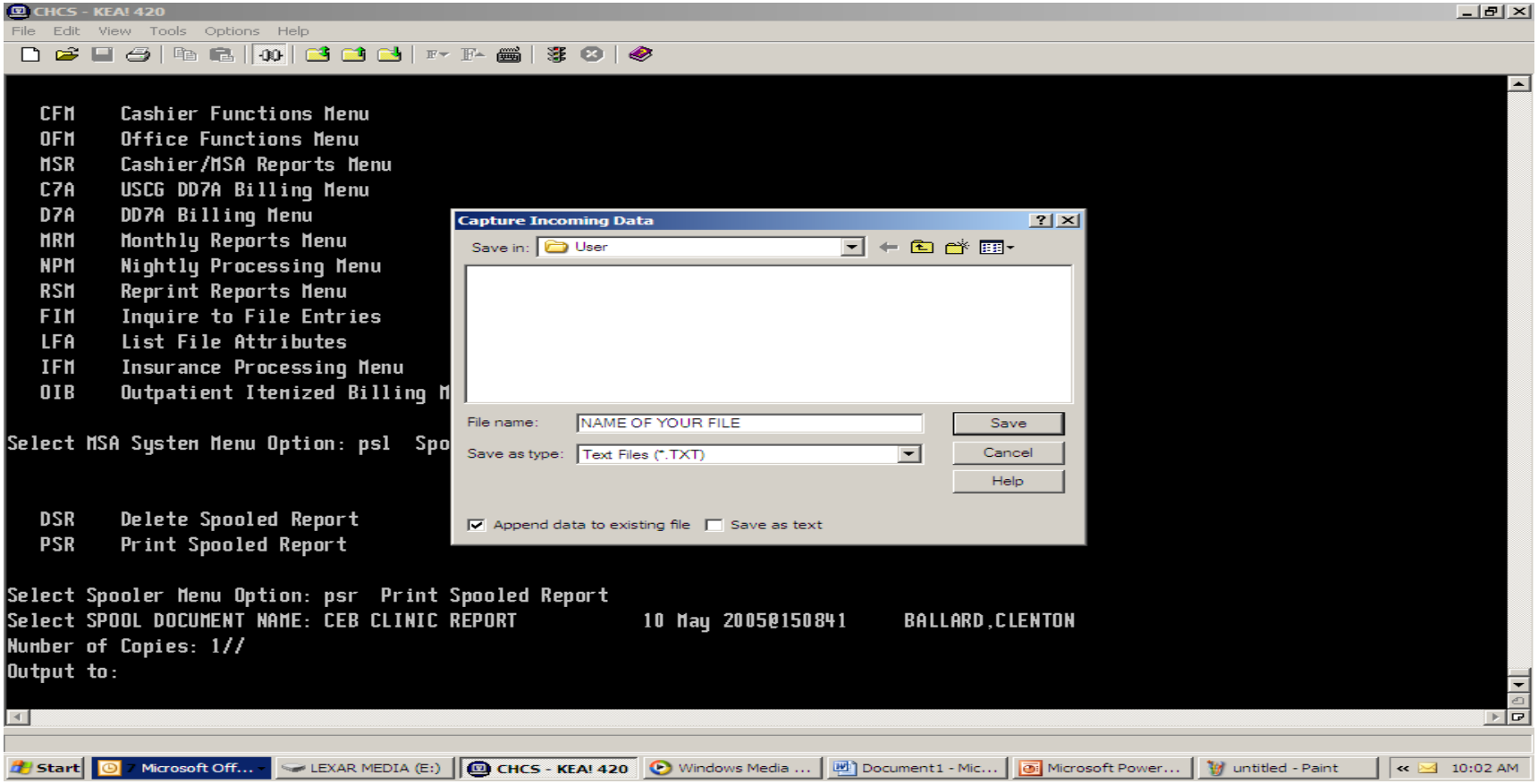


Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel

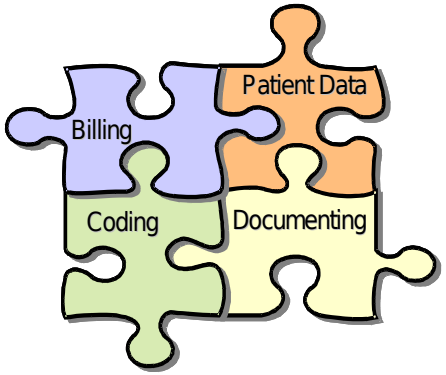


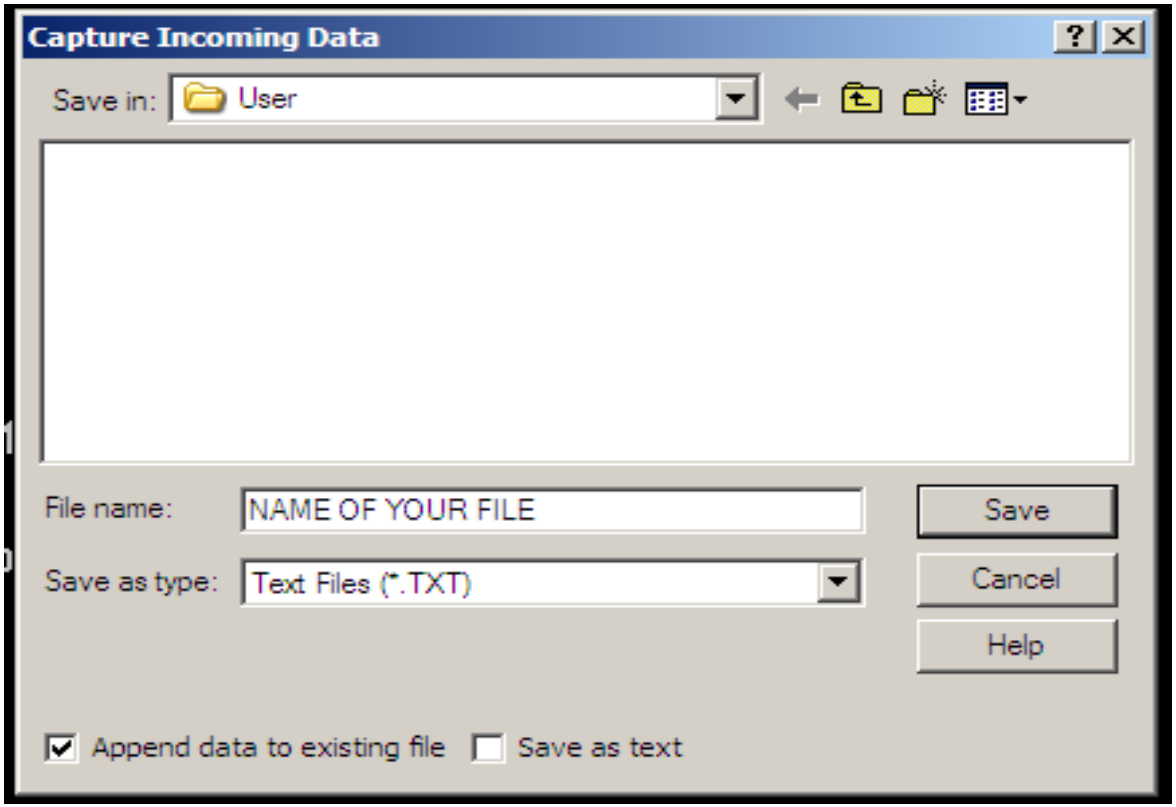


Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel

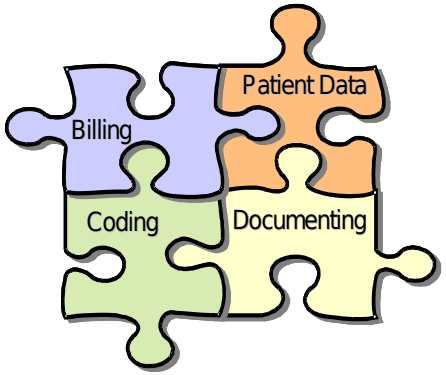




Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel



A273^ADAMS,ALLAN A^ADAMS,ALLAN A^A11^20/500-50-6536^^^NC^X^ 58.00^^ 58.00^^
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A283^ADAMS,KENNETH K^ADAMS,KENNETH K^A11^20/500-50-7536^^^NC^X^ 58.00^^ 58.00^^
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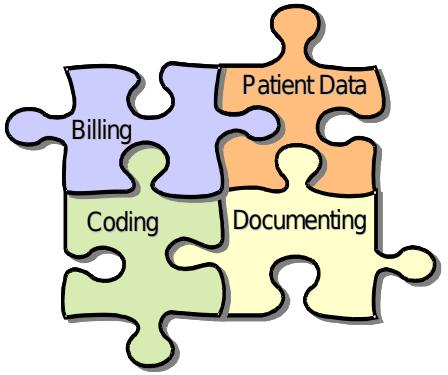
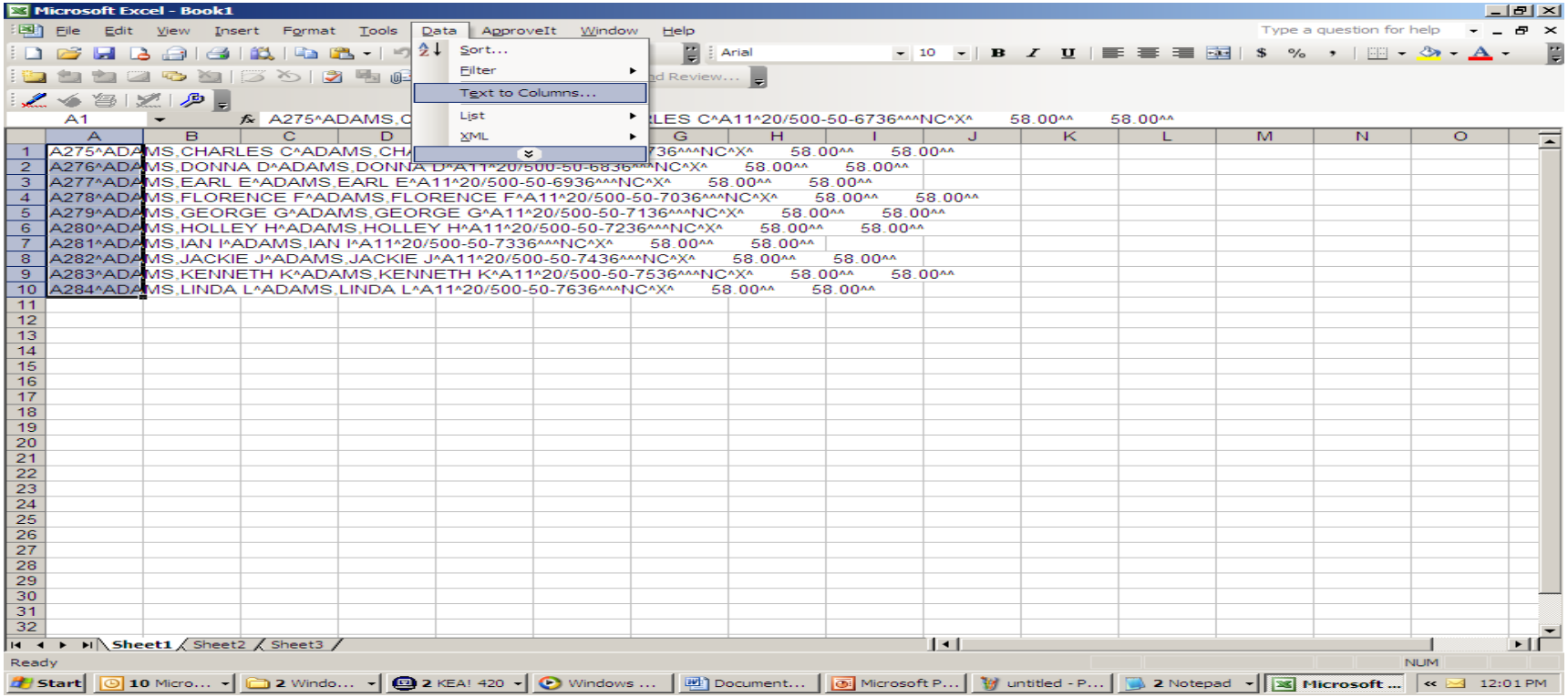
Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel

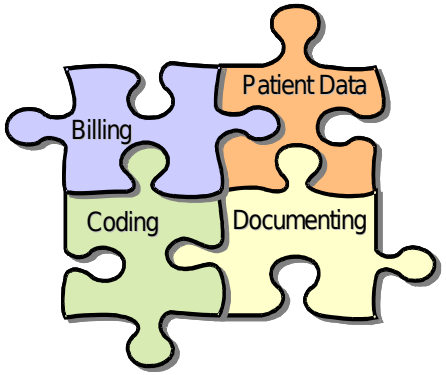


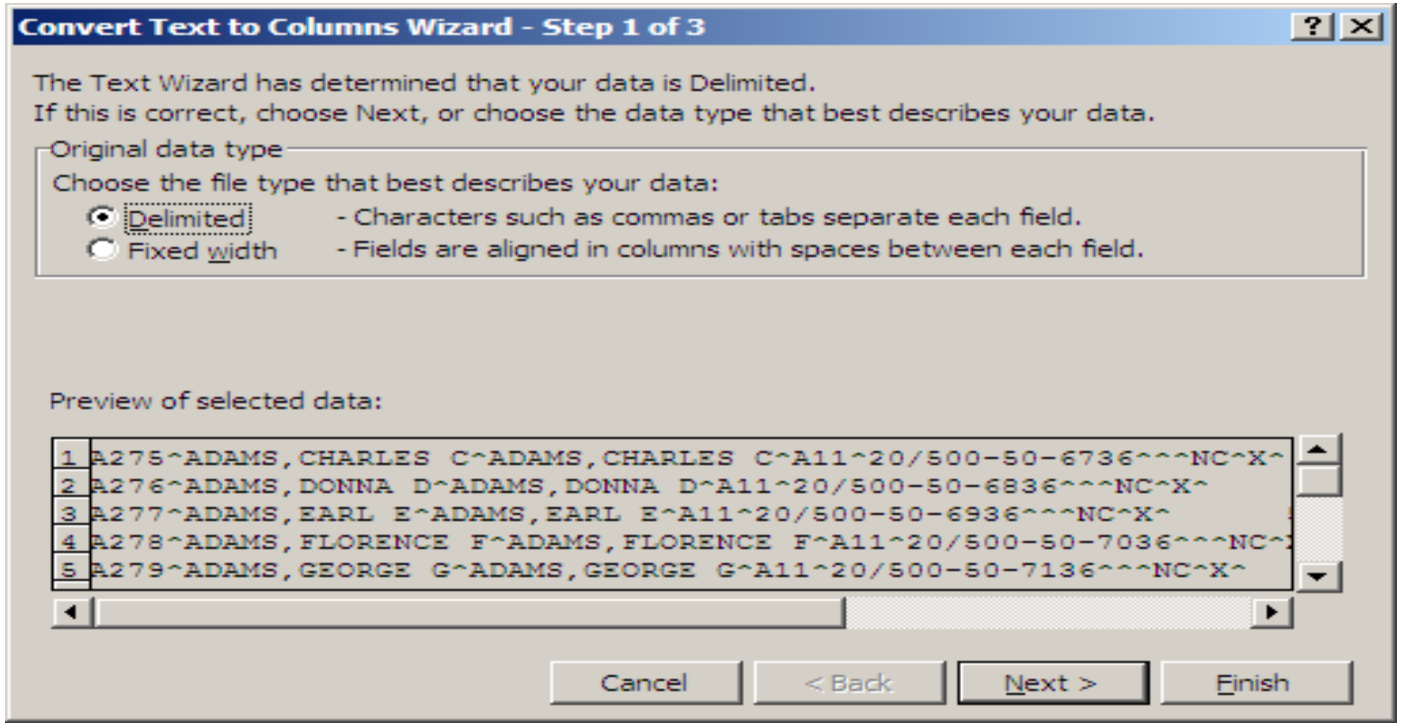


Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel

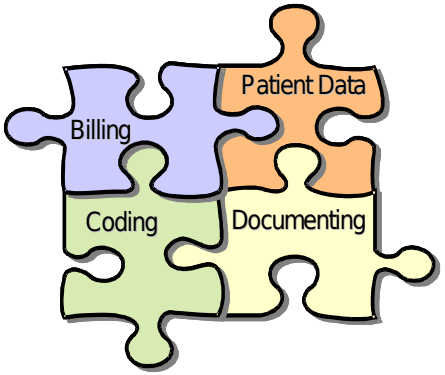


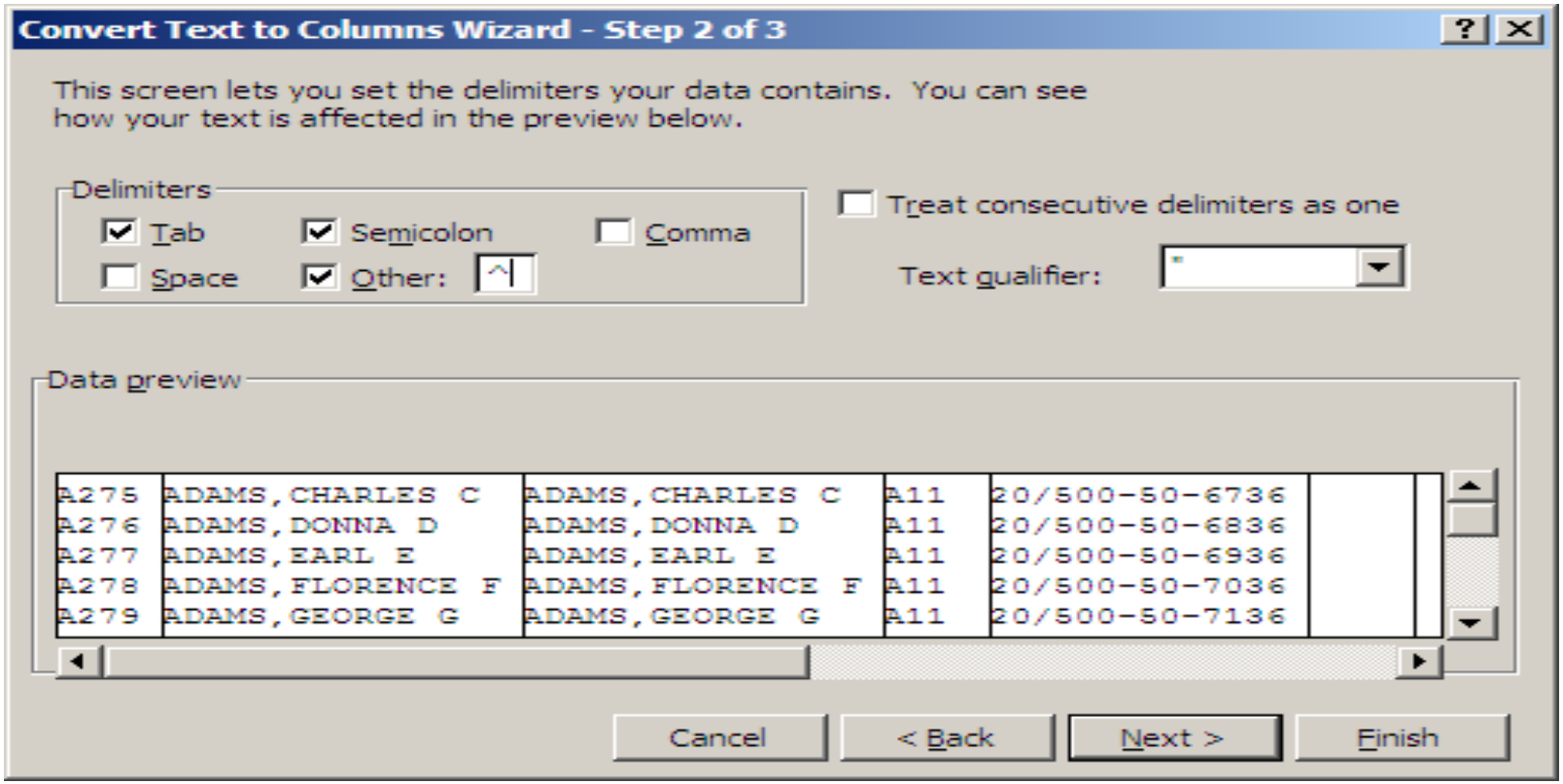

Convert Text to Columns Wizard - Step 1 of 3
The Text Wizard has determined that your data is Delimited.
If this is correct, choose Next, or choose the data type that best describes your data.
Original data type
Choose the file type that best describes your data:
Delimited - Characters such as commas or tabs separate each field.
Fixed width - Fields are aligned in columns with spaces between each field.
Preview of selected data:
1 A275^ADAMS,CHARLES C^ADAMS,CHARLES C^A11^20/500-50-6736^^^NC^X^
2 A276^ADAMS,DONNA D^ADAMS,DONNA D^A11^20/500-50-6836^^^NC^X^
3 A277^ADAMS,EARL E^ADAMS,EARL E^A11^20/500-50-6936^^^NC^X^
4 A278^ADAMS,FLORENCE F^ADAMS,FLORENCE F^A11^20/500-50-7036^^^NC^
5 A279^ADAMS,GEORGE G^ADAMS,GEORGE G^A11^20/500-50-7136^^^NC^X^
Cancel
< Back
Next >
Finish

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel

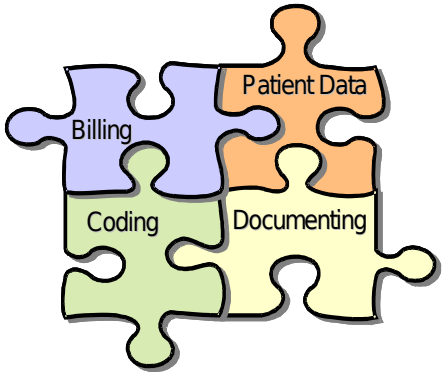



Convert Text to Columns Wizard - Step 2 of 3
This screen lets you set the delimiters your data contains. You can see how your text is affected in the preview below.
Delimiters
Tab
Semicolon
Comma
Space
Other:
Treat consecutive delimiters as one
Text qualifier:
Data preview
A275 ADAMS,CHARLES C ADAMS,CHARLES C A11 20/500-50-6736
A276 ADAMS,DONNA D ADAMS,DONNA D A11 20/500-50-6836
A277 ADAMS,EARL E ADAMS,EARL E A11 20/500-50-6936
A278 ADAMS,FLORENCE F ADAMS,FLORENCE F A11 20/500-50-7036
A279 ADAMS,GEORGE G ADAMS,GEORGE G A11 20/500-50-7136
Cancel
< Back
Next >
Finish

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel



Microsoft Excel - Book1

File Edit View Insert Format Tools Data ApproveIt Window Help

Type a question for help

Arial 10

Reply with Changes... End Review...

A1 A275

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	A275	ADAMS,C	ADAMS,C	A11	20/500-50-6736			NC	X	58		58			
2	A276	ADAMS,D	ADAMS,D	A11	20/500-50-6836			NC	X	58		58			
3	A277	ADAMS,E	ADAMS,E	A11	20/500-50-6936			NC	X	58		58			
4	A278	ADAMS,FI	ADAMS,FI	A11	20/500-50-7036			NC	X	58		58			
5	A279	ADAMS,G	ADAMS,G	A11	20/500-50-7136			NC	X	58		58			
6	A280	ADAMS,H	ADAMS,H	A11	20/500-50-7236			NC	X	58		58			
7	A281	ADAMS,IA	ADAMS,IA	A11	20/500-50-7336			NC	X	58		58			
8	A282	ADAMS,JA	ADAMS,JA	A11	20/500-50-7436			NC	X	58		58			
9	A283	ADAMS,K	ADAMS,K	A11	20/500-50-7536			NC	X	58		58			
10	A284	ADAMS,LI	ADAMS,LI	A11	20/500-50-7636			NC	X	58		58			
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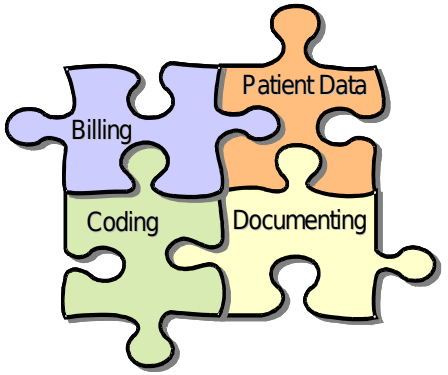
Sheet1 Sheet2 Sheet3

Ready NUM

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

Transfer Data From CHCS to Excel



Microsoft Excel

File Edit View Insert Format Tools Data ApproveIt Window Help

Type a question for help

Arial 10

Reply with Changes... End Review...

F27

Book1

	A	B	C	D	E	F	G	H	I	J	K	L
1	11556	BRAVO,JOHN	BRAVO,JOHN	K53	20/040-75-5008	01 Aug 1997@0800	10 Aug 1997@0800	IAR	O	$ 5.24		$ 5.24
2	11557	ROBINSON,SCOTT I	ROBINSON,SCOTT I	F31	20/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1424	SR	O	$ 10.80		$ 10.80
3	11558	ROBINSON,ALLISON	ROBINSON,SCOTT I	F43	30/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1424	FMR	O	$ 21.90		$ 21.90
4	11559	ROBINSON,BARBARA	ROBINSON,BARBARA	F48	31/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1425	FMR	O	$ 21.90		$ 21.90
5	11560	ROBINSON,CHRISTINA	ROBINSON,CHRISTINA	F48	32/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1426	FMR	O	$ 21.90		$ 21.90
6	11561	ROBINSON,DIANE	ROBINSON,DIANE	F48	33/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1427	FMR	O	$ 21.90		$ 21.90
7	11562	ROBINSON,ELIZABETH	ROBINSON,ELIZABETH	F48	34/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1428	FMR	O	$ 21.90		$ 21.90
8	11563	ROBINSON,FAYE	ROBINSON,FAYE	F48	35/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1428	FMR	O	$ 21.90		$ 21.90
9	11564	ROBINSON,GRETCHEN	ROBINSON,GRETCHEN	F48	36/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1429	FMR	O	$ 21.90		$ 21.90
10	11565	ROBINSON,HEATHER	ROBINSON,HEATHER	F48	37/600-42-0329	18 Jun 2001@1500	21 Jun 2001@1429	FMR	O	$ 21.90		$ 21.90
11										$ 191.24		$ 191.24

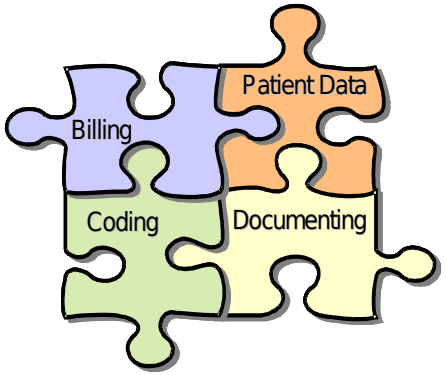
Sheet1 Sheet2 Sheet3

Ready CAPS NUM

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

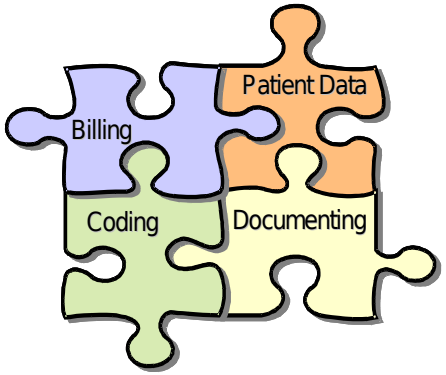
Summary



- Tool to Track Your Daily Deposits
- Tool to Identify Outpatient Visits for MSA Appointments and TPC Patients with OHI
- Tool to Extract the 1860R/Monthly Medical Activity Report Data
- Transfer Data from CHCS to Excel Spreadsheet

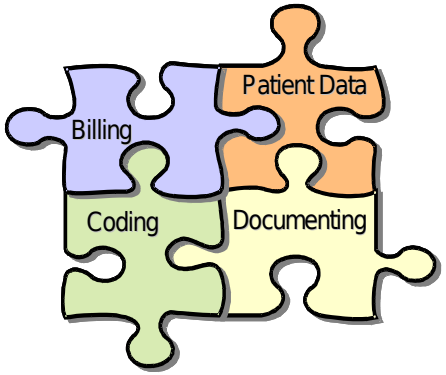
CORE COMPETENCIES

MSA Tools to Make Your Job Easier



- Questions?

CORE COMPETENCIES



Air Force Debt Management

TSgt Tameka Holden

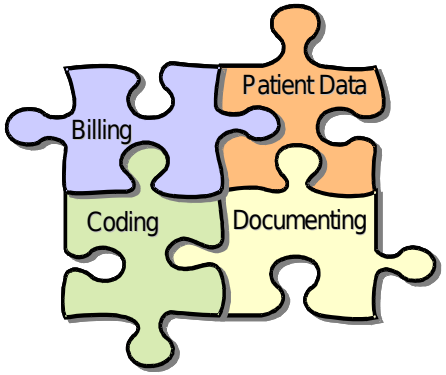
18 May 2005

Track 3 UBO

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

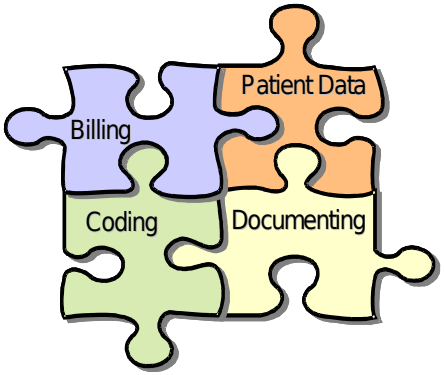
Objectives



- Understand MSA Outstanding Accounts Receivables
- Understand TPC Delinquent Accounts
- Know the Procedures for Transferring Delinquent Accounts
- Know the Roadblocks to Processing Delinquent Accounts

CORE COMPETENCIES

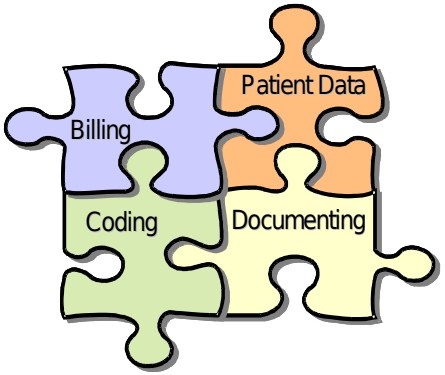
MSA Delinquent Accounts



- Make every effort to collect accounts before they become delinquent
- Delinquent = Not paid within thirty (30) days of the date of the I&R or notice of payment due
- If charges aren't paid within fifteen (15) days, follow up with a delinquent letter or documented contact with patient or sponsor

CORE COMPETENCIES

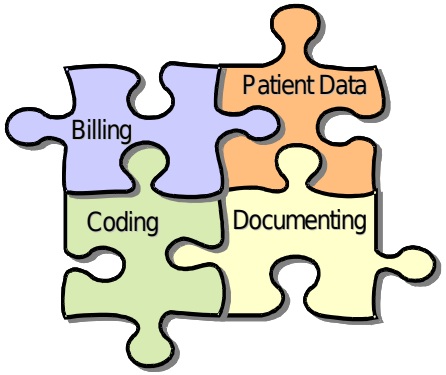
MSA Delinquent Accounts



- If charges are not paid within thirty (30) days, prepare a DD Form 139, Pay Adjustment Authorization
- DD Form 139 should be sent to servicing accounting and finance office
- Do not close out the accounts receivables at this time

CORE COMPETENCIES

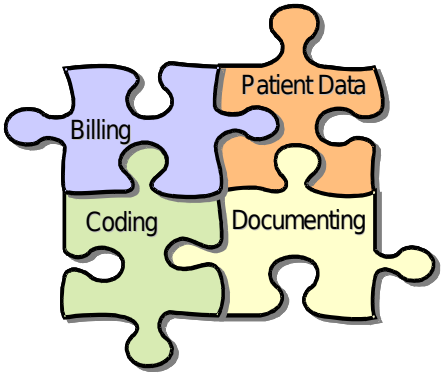
MSA Delinquent Accounts



- For non-beneficiaries w/ insurance; follow up letter at sixty (60) and ninety (90) days
- Accounts over $225.00 are transferred to DFAS
- Accounts under $225.00 can be written off at the MTF

CORE COMPETENCIES

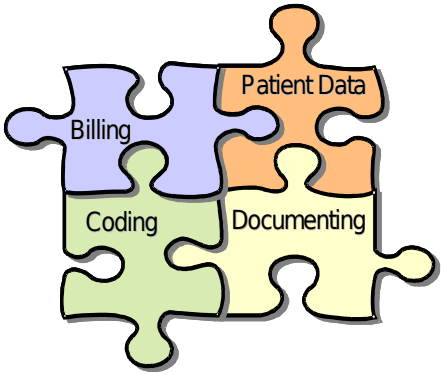
TPC Delinquent Accounts



- Follow up at sixty (60) and ninety (90) days with letter or telephone call
- When all efforts to collect have been exhausted (within 180 days, not more than 270 days) TPC accounts should be transferred to the designated legal office

CORE COMPETENCIES

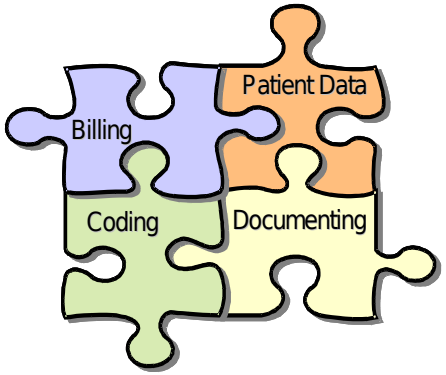
TPC Delinquent Accounts



- Legal has time restraints (usually 3 years from initial date of service)
- All collections made by legal shall be deposited into the MTF Operation and Maintenance (O&M) account

CORE COMPETENCIES

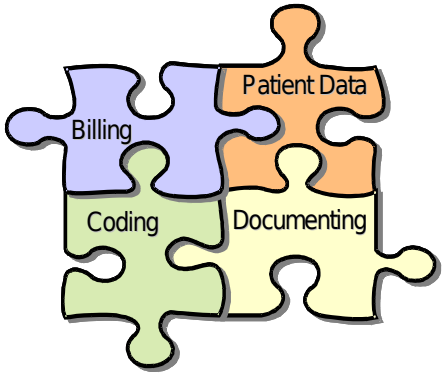
Transferring Delinquent Accounts



- Ensure patient identification data is correct and complete
- Ensure charges are accurate
- Ensure all past collection efforts are documented

CORE COMPETENCIES

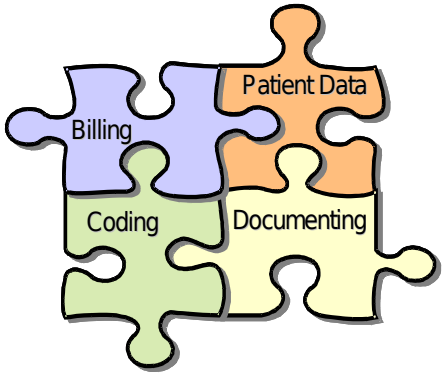
Transferring Delinquent Accounts



- Send two (2) copies of all related documents
- Daily Transfer Summary
- Pertinent correspondence
- Original transmittal letters
- I & Rs

CORE COMPETENCIES

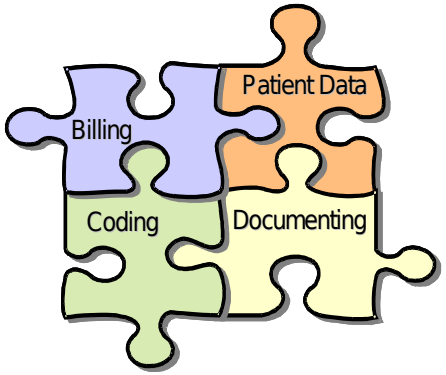
Roadblocks



- Out of service debt (OOS) – retirees & personnel that have separated
- Debt less than $225.00 will be established but not pursued
- MTFs may combine OOS and transfer to DFAS

CORE COMPETENCIES

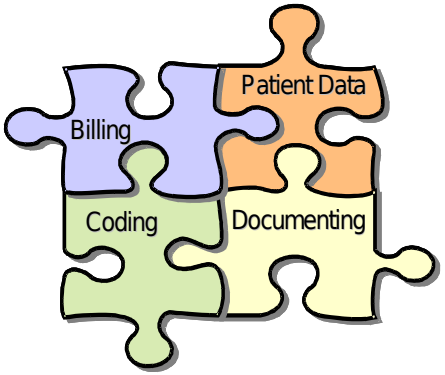
Roadblocks



- Accounts that have been transferred are not always removed from the A/R
- Assistance required from the CHCS administrator to clear these accounts

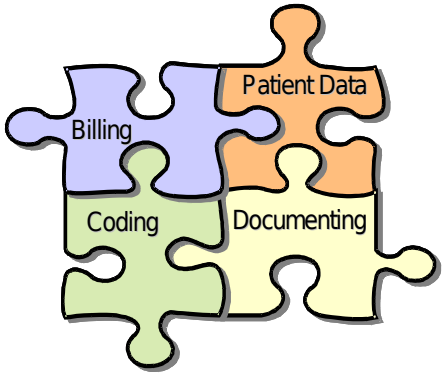
CORE COMPETENCIES

Summary



- MSA Delinquent Accounts
- TPC Delinquent Accounts
- Transferring Delinquent Accounts
- Roadblocks

CORE COMPETENCIES



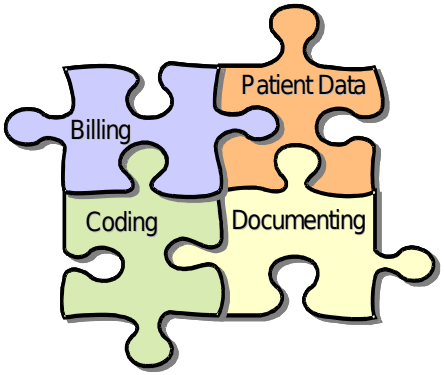
Affirmative Claims

Daniel L. Winand
Office of the Center Judge Advocate
Walter Reed Army Medical Center and
North Atlantic Regional Medical Command

Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

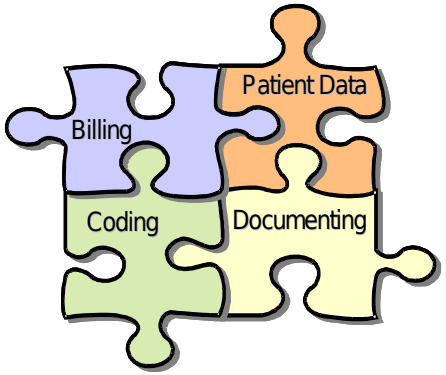
“The Bible” on Affirmative Claims



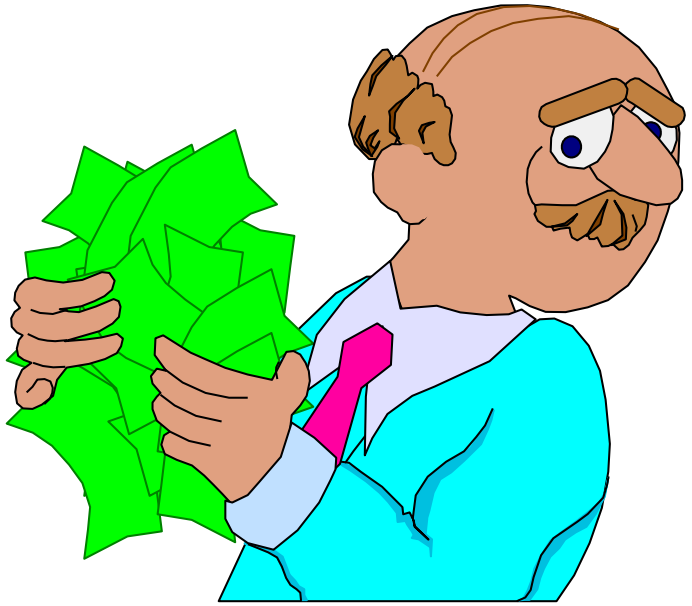
- Army Guidelines …
- AR 27-20
- DA Pam 27-162

CORE COMPETENCIES

Types of Affirmative Claims

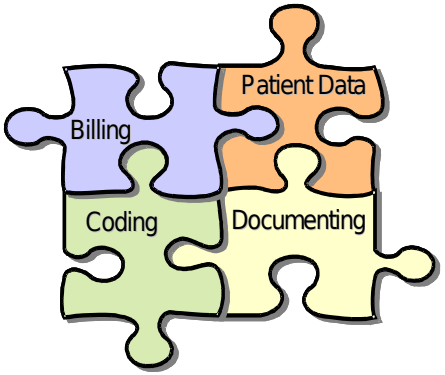


- Medical Affirmative Claims (MAC)
- “Cost of Pay” Claims
- Property Damage Claims



CORE COMPETENCIES

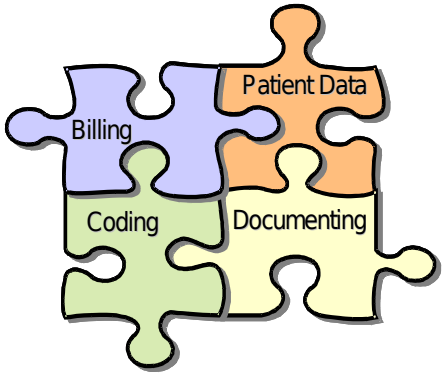
MAC Claims



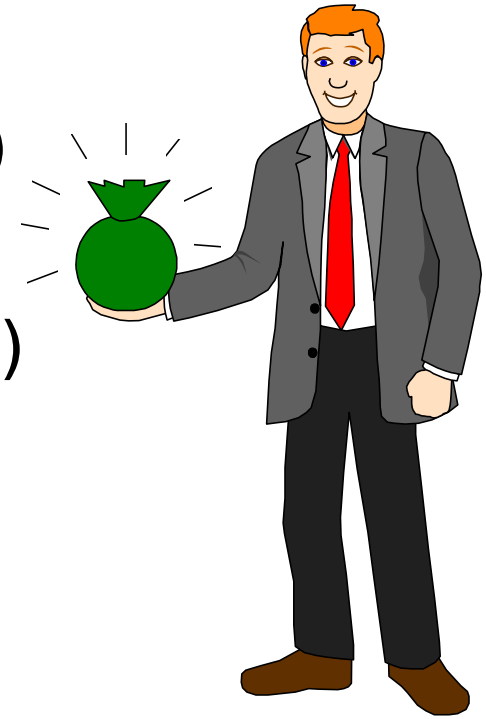
- Automobile accidents (Liability, No Fault, Med Pay, PIP, UM)
- Assaults and intentional torts
- Premises liability – “Slip and Fall”
- Products liability, Drugs, Medical Devices
- Medical Malpractice
- Workers’ Compensation
- Bottom Line: If injuries are somebody else’s fault, we can go for it!

CORE COMPETENCIES

Legal Authority for Medical Care Recovery Claims

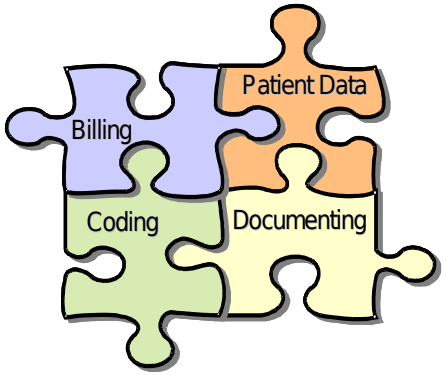


- OTJAG/OTSG MOU
- Federal Medical Care Recovery Act (42 U.S.C. §§ 2651-2653)
- 10 U.S.C. § 1095 (Same as TPCP)
- Workers' Compensation Statutes
- Third Party Beneficiary (Contract)
- Criminal Restitution Statutes
- Federal Claims Collection Act (31 U.S.C. § 3711)



CORE COMPETENCIES

Federal Medical Care Recovery Act 42 U.S.C. §§ 2651-2653

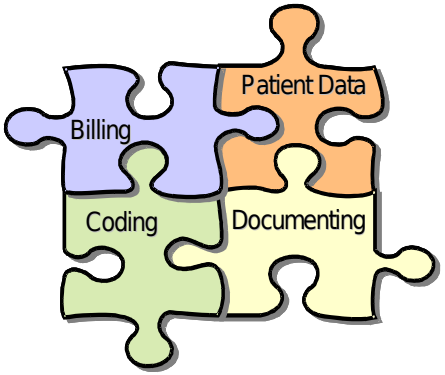


- Tort Liability
- Medical Expenses and “Costs of Pay”
- Fault and No Fault (but still need tortfeasor)
- 3 year Statute of Limitations
- Strategies for Asserting Claims (Convince the IP’s attorney to do the work for you!)

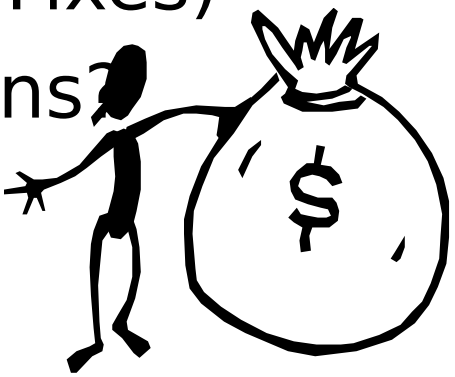
Unified Biostatistical
Utility/Uniform Business

CORE COMPETENCIES

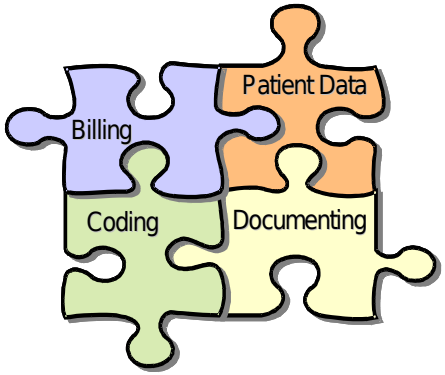
10 U.S.C. § 1095



- Contract theory of recovery – 3d Party Beneficiary
- Use with First Party Insurance (Med Pay/PIP/UM Coverage)
- Recent Amendments (No Fault Fixes)
- 3 or 6 year Statute of Limitations?
- Stacking of coverage (State Law)



CORE COMPETENCIES

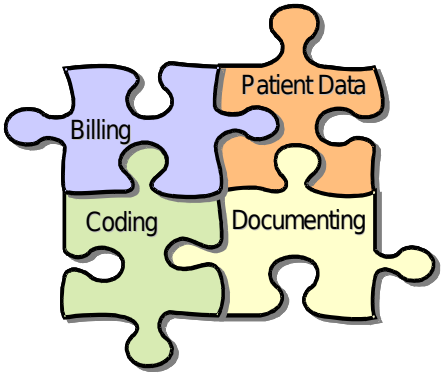


Workers' Compensation

- Creature of state law
- Non-federal employer
- On-the-job injuries
- State-specific forms and filing requirements
- FY 97 Defense Authorization Act amendment to 10 U.S.C. § 1095 (No Fault Fixes)

CORE COMPETENCIES

AAFES Workers' Comp Policy of MEDCOM and USARCS

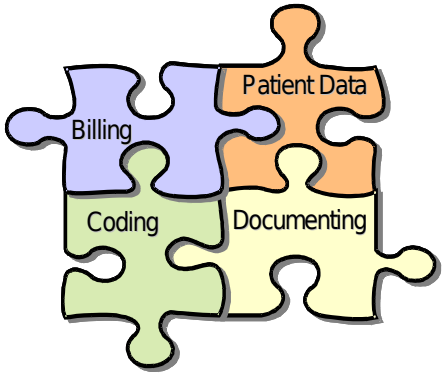


- AAFES has agreed to pay DoD MTFs for "follow-up" care provided to AAFES employees for work related injury or illness
- On-the-job injuries or illnesses
- Includes dual status patients who are both a DoD beneficiary and AAFES employee
- 10 U.S.C. § 1095 theory of recovery (ref. AR 60-10, AR 147-7, 33 USC § 901, 5 USC §§ 8171-8173, 20 CFR §§ 701-704)

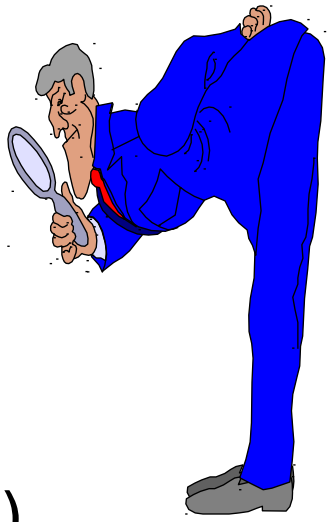
CORE COMPETENCIES

CAPTURE

Identifying Potential Medical Care Claims !!

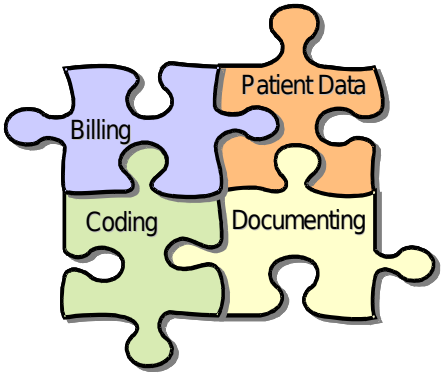


- Establish close working relationship with MTF staff to ensure timely notification
- Patient Administration Division
- TPCP (UBO, AR 40-400, Chapter 13)
- Patient Admission Information
- Screen ER Logs/Ambulance run sheets
- Line of Duty Investigations (AR 600-8-4)
- Police reports, command serious incident reports, MP blotters, media, TRICARE contractors; CHCS



CORE COMPETENCIES

Information Needed to Capture Potential Claims

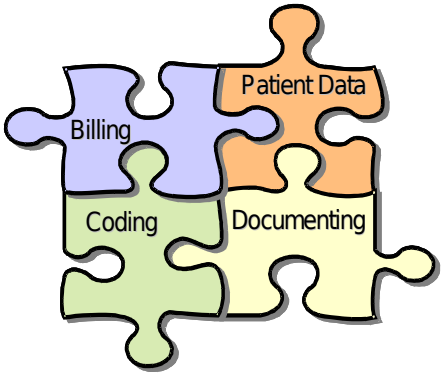


- **MTF Role:**
  - Ask IP “Were your injuries somebody else’s fault?”
  - Ask all IPs who received medical care at your facility
  - Give JAG enough Information to start a case file
- **JAG Role:**
  - Injury Questionnaire (AR 40-400, Paras 13-2, 3)
  - Interview Witnesses
  - Accident Reports
  - MTF Billing Documents
  - Review TRICARE/CHAMPUS/CHAMPVA Billings
  - CHCS Access – Absolute Must
  - Analyze for liability in tort or contract
  - Lots of work, if done right!

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

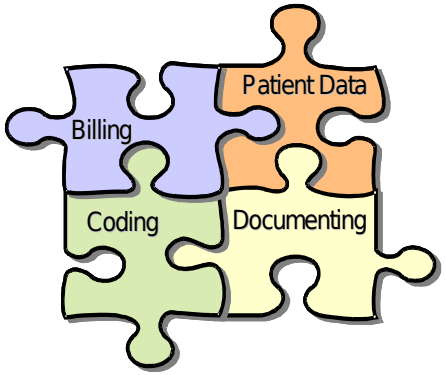
Asserting Medical Care Claims



- **JAG Role:**
  - Determine the proper party against whom the claim will be asserted
  - Is the injured party represented? If so, **will he/she represent the Government's interests?**
  - Send an assertion letter to all IP's, their attorneys, each IP's insurance company, all tortfeasors and their attorneys (certified mail)
  - Assertion letters should, at a minimum, include the authority to assert the claim; the amount being claimed; and instructions for remitting payment
  - If done right, does not constitute a Uniform Business and Statistical Utility/Uniform Business

CORE COMPETENCIES

ISSUES



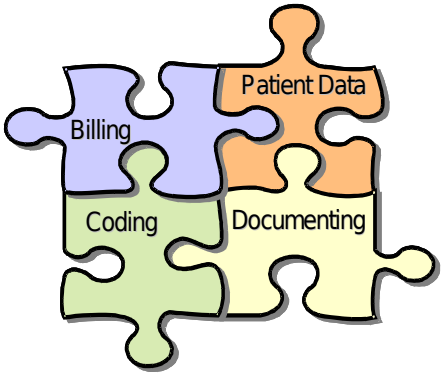
- Statute of Limitations – federal law governs
  MCRA & FCCA – 3 years - 28 USC § 2415(b) 10 USC § 1095 – 6 years – 28 USC § 2415(a)
- Uncooperative parties (Trial Attorneys)
- State law defenses
- Itemized Billing
- Where does the money go?
  - MTF care vs. civilian care

Unified Biostatistical Utility/Uniform Business

CORE COMPETENCIES

COST OF PAY CLAIMS

(Why? Because we do more than just medical expenses!)

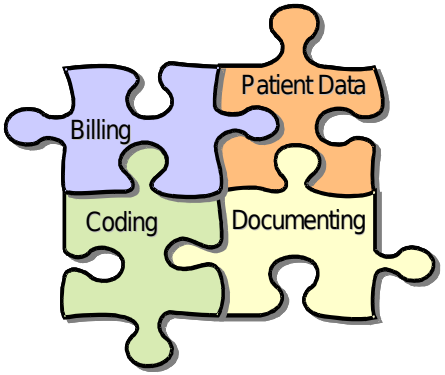


- FMCRA – 42 U.S.C. § 2651(b)
  - Basic, special, incentive pays
  - Must have a third party tortfeasor? (Yes, but …)
  - Convalescent leave, quarters, etc…
- Third Party Beneficiary (Contract, UM, “PIP +”)
- Federal Claims Collection Act -- 31 USC § 3711
- Deposit to **Unit O & M for the unit to which soldier was assigned**

CORE COMPETENCIES

PROPERTY DAMAGE

(Why? Because we do more than just medical expenses!)



- AUTHORITY: Federal Claims Collection Act – 31 USC § 3711
- Deposits to General Treasury – Miscellaneous Receipts Act (personal property)
- Exceptions (real property):
  - 10 USC § 2775 – Family Housing O & M
  - 10 USC § 2782 – Applicable O & Mm

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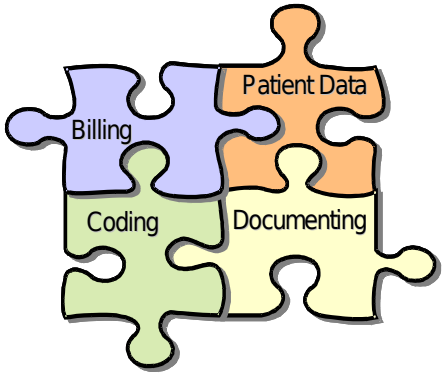
CORE COMPETENCIES

SETTLING CLAIMS



- Payment in Full
- **Compromise:** Why Collect Less than the full amount?
  - Inability of tortfeasor or insurer to pay
  - Government unable to prove its case (Litigation Risk)
  - Collection costs would exceed amount compromised
  - Funds insufficient to satisfy the IP, U.S., *et al*
  - Undue hardship to the IP
- **Waiver:** No Recovery - only if undue hardship to the IP
- **Termination:** Dropping claim for the convenience of US
- **Litigation** (Nobody Wins!)

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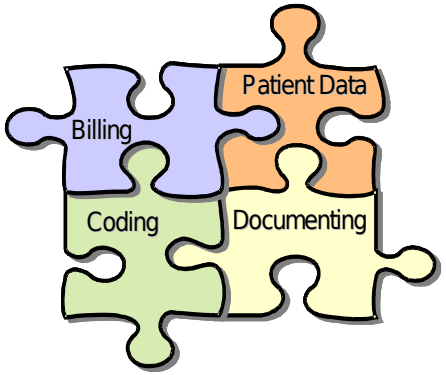
CORE COMPETENCIES

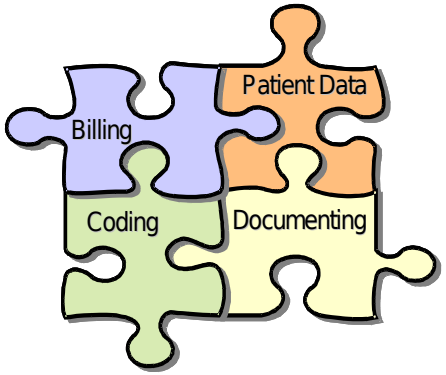
Compromise Requests in BIG CASES



- Worksheet Required
  - **< $50,001.00** local decision
  - Private attorneys love it!
  - Lots of work required
- Attorney Must Review
- Forwarded to Army claims service
  - **> $50,000.00 but < $100,001.00**
- Through Army Claims Service to DOJ
  - **> $100,000.00**
- Bottom line: Lots of work for everyone!

CORE COMPETENCIES

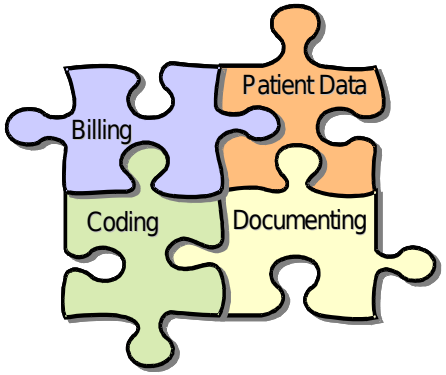
Consider Litigation:
(If you're stupid or just don't care)



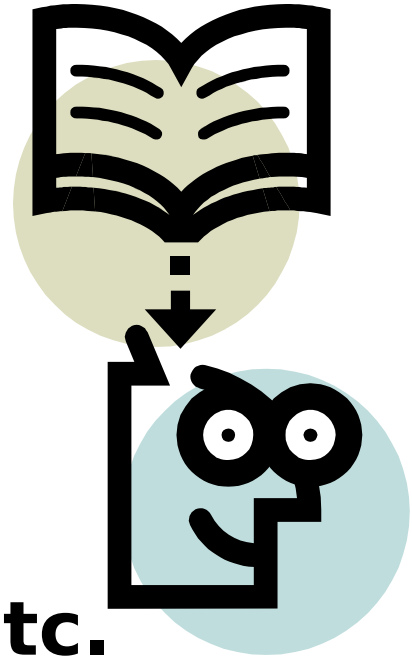
- IP's attorney has talked him/her into going to trial or IP wants to win the lottery and **IP's attorney refuses to represent our interests**
- If the statute of limitations is within 6 months of running and the IP's attorney has **not signed a Representation Agreement**
- Insurance company pays other parties despite knowledge of Government's claim
- Nobody wins in litigation, except the trial attorneys!

CORE COMPETENCIES

Conclusion



- **Problem Areas:** Or in Army speak, “Challenges!”
- **Capture & Notify**
  - Treatment incident
    - Clinic Staff
    - Providers
  - “Attorney Sign”
    - PAD Staff
    - Providers
- **Understanding Lag Time**
- **Publication of MAC Rates, Etc.**
- **Medical Records - Availability**



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